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WITH FAILURES COMES SUCCESS

Failures are but a stimulus to new effort on the part of men who have it in them to climb high; the man without brains, without distinctive ideas of his own, is the only one who can escape criticism

ONE of the most valuable lessons taught by advancing age is the proper estimate we should make of ourselves. Youth is unsparing in its self-criticism. It demands absolute perfection of itself, and is broken-hearted whenever a flaw in the character is detected or a mistake is made. Many a youngster has committed suicide on account of the shame occasioned by his first stumble.

Byron, even while sympathizing with Keats, spoke with contempt of the feeble character of the man who allowed himself to be "snubbed out by an article." Byron was a different sort of a man. Criticism with him aroused powers which neither the world nor the poet himself had realized to be in his possession. When *The Edinburgh Review* savagely and unsparingly lashed him for his early poems, he turned back at them with his "English Bards and Scotch Reviewers," with a vigor which flattened his antagonists in the dust, and at one blow vindicated the brilliance of his genius and his superiority over his detractors.

Critics as a rule avoided the Byronic field thereafter, and in truth sought less defensible points for attack, as they did with Burns, in bringing to the attention of the public his derelictions from the social code.

The man who has never made a failure is not a safe one to tie to. He has become accustomed to success and expects it of himself; and when he does fail, great is the failure. He goes to the bottom; he is crushed under it, and it is a question if he ever rises. Much better take up with the man who has failed now and then—so many times that he is fairly used to it, expects it, counts on it, makes allowances for it; for when failure does occur, it does him very little harm. Furthermore, when such a man finally makes a success it is overwhelming.

There is a world of philosophy in the terse expression, "Never touched me." The man receives a blow, and the world looks to see how it affects him. Has it staggered him? Not in the slightest; he laughingly passes it off with the expression, "Never touched me," and goes right ahead as if it had not been received. The world surely thinks that it could not have hurt him, and the effect of the blow is lost. Malice is disarmed, its dagger blunted against the serene confidence of such a man.

Blessed is the doctor who has failures to report. Very little is learned from our

successes, but a failure properly utilized is a blessing. We go over our ground, we search for our error, we study the matter until we see wherein lay our mistake, and we "know better next time." An increase in our knowledge has resulted. One pitfall is established, which we will thereafter walk carefully around, not tumble into it; and from the multiplication of such experiences comes that knowledge, that skill, that proficiency, which makes a community have confidence in its thoughtful, careful elderly physician.

Not all the learning carried away from the laboratory of the modern school can compare in usefulness with that mass of erudition embodied under the term "experience." We may get discouraged sometimes at the number of mistakes we can make without once repeating ourselves; nevertheless we *do* learn. Our failures are likely to stand glaringly out in our remembrance; we recall them when many of our successes fail to make an impression upon us. It is this which makes a physician each year of more value to the community, provided he has learned the lesson of failure.

These modern times demand men who know how to "take a licking" (or what most people may think a "licking"—for men of this kind are never *whipped*) and benefit by it; who know how to get a "facer" and stand up manfully to it. The most popular pugilist of the present day is not the most scientific boxer who has entered the ring; but the man who can allow himself to be beaten until his antagonist is actually worn out with the exertion—then he goes in and wins his battle. Probably this is not the most exalted type of pugilism, nevertheless the man to whom it applies stands at the head of his profession today. It succeeds, and first of all this age demands success. A knocked-down man may stand, but he must not let himself be knocked out.

A man is never beaten until he thinks he is beaten. The most dangerous antagonist is he who after each time he is knocked down arises with undiminished vigor; the man who, like Paul Jones, called on to surrender, replied that he had not really commenced to fight yet, and proceeded to demonstrate the truth of the proposition by fighting harder than ever. No wonder his antagonist surrendered. Nothing human could stand against such a spirit as that; and the indomitable Scotchman, the hero of the Bon Homme Richard, may be taken as a type of the modern American.

With one thing we may console ourselves and that is, that after all the world is not concerned very much about our personal affairs. If somebody attacks us, for instance, a few may look with some curiosity to see what our reply may be, yet after all they don't particularly care. Each one of them is occupied with considering his own affairs and he has very little time to give to us. If he considers us at all, it is as to our special relations to him, whether he can make any money out of us, whether he can make us useful to him in any way, whether we are "square" in our dealings with him, and there as a rule his interest ends.

No man has any use for a quitter. Pluck and perseverance are appreciated by every reasonable man, and if he sees that you possess these, and if your dealings with him are satisfactory to him, the venom of our adversaries may be discharged from seven times seven vials of wrath, and they will "never touch you."

Men are naturally independent, and as a rule do their own thinking, and are very little influenced by the expressed views of others; especially if these expressions are couched in terms which show the malignity, the animosity of the speaker. If a man starts to write you down, what he has to say of you is discounted by those who read it. They know that he is at least half a liar, as he will suppress the truth when favorable to you. They know that he is one-fourth more liar in that what truth he does utter he will distort, and put the worst possible impression upon it, in order to make it out as bad for you as he can. And when these and a few more

allowances are made, there is mighty little of truth left to be attributed to the aspersions he is casting upon you.

Animosity therefore defeats itself, and as a rule injures only the maligner. People ordinarily assimilate only such things as harmonize with their preconceived view of your character. If the accusations made against you harmonize with your character as they see it, they will believe them, and they will believe them all the same whether you deny them or not. If they do not harmonize with their conception they will not be believed.

One should train himself to expect a certain modicum of failure. It is said that acrobats train themselves to fall, knowing that occasionally they *must* fall; hence they seek so to practice that the falls they receive will do them the least possible damage.

The wise physician recognizes this fact in being exceedingly guarded in regard to his prognosis. He does not speak in more certain terms than the circumstances of the case warrant. He is always hopeful, for hope is a useful remedy; but he seeks always to promise less than he believes he can fulfill, and then strives to do more.

The man who never fails never tries to climb very high.

The man who has no enemies is obscurity itself.

The man who turns tail when he is attacked is the one who is most certain to be attacked again, for nothing invites an attack like cowardice.

Nobody thinks of the failures a man has made when a great success has finally crowned his efforts.

Regrets are absolutely useless beyond that wise consideration which teaches a man wherein lay the real causes of his failure, that he may carefully avoid them in the future.

The world has no use for a quitter, for a whiner, for a weakling. This is the day when the battle is between the strong and the mighty, and the spoils belong to the victor.

Finally, Brethren, be not daunted by failure. Go cheerfully into the battle. Fight hard, but fight fair!

Do not mistake the desire to do things for the ability to do them; and do not forget that if the desire is backed up by persistency enough the ability to do will come in due season.

WHISKERS AND EFFEMINACY

Fashion decrees that man must shave, and by this blow masculinity loses its chief obvious external indication. Not many generations ago a doctor who could not sport a fine large beard needed not to look for popularity, especially among the ladies. But this is a thing of the past, and a clean-shaven face is now required of him who would not be looked upon as a back number.

A friend asks whether there is any connection between the sacrifice of this masculine characteristic and the continuous invasion of women upon the fields hitherto occupied only by men. There is no masculine vocation which is not now shared by the weaker sex, excepting that of the soldier. In business and in politics woman has made good. Are our women, therefore, becoming more masculine, and is the sacrifice of the whiskers an indication that the men are becoming less so? If the distinguishing characteristics between the sexes are thus obliterated, where are we to land?

There may be more in this matter than a joke. It is said that the sacrifice of his whiskers cost Louis VII his queen, his divorced wife afterward marrying the King of England and inaugurating the cruel wars which devastated France and wasted the best blood of England for three hundred years.

Somebody, when asked his first impression of Lake Michigan, replied that it was "a poor imitation of the ocean;" and we fear that in many instances the assumption of masculine dress, occupations and habits by women makes them rather poor imitations of men, instead of the infinitely superior

beings they are, when looked upon strictly as women.

Economists will one day tell us of the enormous waste represented by the time men take to get shaved. Physicians will follow with gruesome accounts of the maladies of the throat and lungs which would have been prevented had the natural covering of the lower part of the masculine face been allowed to remain the way nature intended it. But such questions as economy and health have nothing to do with it at all—Fashion rules.

"Promises is funny things," said old Pop Adams. "Ez fur as I have been able to figger out, they aint worth anything unless you keep 'em every time you give 'em."

LABORATORY VERSUS BEDSIDE THERAPY

In a review of the last edition of Professor Cushny's valuable "Text-Book of Pharmacology" *The Lancet* makes the following pointed criticism:

"It must be remembered, however, that Professor Cushny aims at presenting his subject from the experimental standpoint and that he endeavors to make the results of the laboratory investigator the basis of almost every statement, so that if judged purely from the experimental standpoint the work must be regarded as being extremely satisfactory. In professional work students will soon discover that by using it as a guide to therapeutics they have not received quite so much help as they anticipated and that they have still to seek in experience much that should be serviceable in the treatment of disease. On the other hand, they will realize that in having studied the subject of pharmacology as here set forth they have been pursuing a development of physiological investigation which has left comparatively little to unlearn."

The point is well taken. While experimental investigations of the action of remedies upon the lower animals have added immensely to our stock of pharmacologic knowledge, they can never replace practical knowledge to be obtained at the bedside, and at the bedside only. It is certainly a misfortune that the men of the new school of pharmacologists who are writing the "modern" textbooks on materia medica and therapeutics—splendid as many of these books really are, models of painstaking industry and exhaustive scientific research—are not *practising* physicians and know practically nothing of the actual treatment of the sick. Their theoretic "scientific" knowledge of remedies is immense—their practical knowledge almost nothing. For the student their books are of great value, but for the physician who wants *help*, such as is secured only on the battlefield with disease, they are a grievous disappointment.

After looking through the new editions of these new textbooks, we inevitably take up again our Brunton with a sigh of satisfaction and relief Here was a man who knew disease at first hand. And he knew his tools.

THE HALF-BAKED PHILOSOPHER

If there is one profession, one field of human thought and endeavor, in which the expression of half-baked opinion is most disastrous or most universal, it is in medicine. With the utmost difficulty can we accept a statement upon any single point in the medical art or science which is finally and completely established, or any theory, hypothesis or idea which has been worked out to its legitimate conclusion. Instead of this, we find the field filled to overflowing with surmises, conjectures, assumptions, imaginings, with sometimes a little sort of reasoning presented as backing them up, at others a few desultory, ill-judged, and inconclusive experiments—and that is all.

The absence of a logical faculty, the lack of consecutive logical thought, is glaringly apparent throughout all the work of our profession. It is one of the most difficult things in the world to find a physician who is ready to defend his treatment of any given case by satisfactory reasoning. Instead of this, he presents the views of some "authority," in most cases about as underdone as himself.

This taking of things for granted is a curse. Years ago a navy surgeon started to prepare a little manual for the examination of the urine. In one test directions were given for employing the nitrate of urea. He took the trouble, which few writers of such works do, to verify the reaction by experiment, and he found that it would not work. Reference to authorities showed that they all prescribed exactly the same manner of applying the test. The reason it did not work was because the test was based on chemically pure nitrate of urea, and that was a preparation which could not be found in the market; and the impure market product would not give the test. Curious to find who made the mistake, he followed the text-books back for fifty years before he found the man first responsible. For half a century every writer of works of this kind had fallen into the same error, as not one of the alleged authors had verified the experiments.

The only parallel for such work may be found in the modern cook-book. If you take the trouble to examine a series of these, running back one hundred years, you will marvel how a constant succession of socalled authors are content to repeat the same old formulas without any variation. The curious part of it is that each of these as a rule condemns unsparingly all her predecessors, whose works she then proceeds to pilfer, just as they pilfered their respective predecessors.

In medical practice the heart wins more victories than the head. Be an optimist.

BEAR IT IN MIND

Summer is almost gone and the autumn will soon be with us, bringing its burden of new responsibilities and its increasing increment of new "cases" for our attention. What shall we do with those cases? Are there to be more of them than last year? Shall we care for them successfully? Will they help us to climb a round higher in the professional ladder; or will they "knock the props" from under our still shaky medical career and send us rolling toward the scrap-heap-of oblivion?

Isn't it worth while for us to make preparation for the fight to come; to lay aside the old shotgun, secure a good modern rifle with an ample supply of ammunition, learn how to use it, and devote all our spare time to studying the tactics of the enemy? There are many things which we should be ready for when the fight is really on. Here are a few of them.

Bear in mind—

That typhoid fever is a disease of the fall months, and that a dry summer often means many cases of typhoid before winter sets in.

That not only does water carry the typhoid bacillus, but also milk, unclean fruit and vegetables, street dust and even flies may pass his germship along. Watch 'em!

That nosebleed is one of the first symptoms of commencing typhoid; when it is associated with malaise, coated tongue, loss of appetite and slight feverishness it's time to take off your coat. Go in and win—you can do it!

That if you want a sound bowel you must have a clean one. Keep it clean in typhoid. No half-way-business goes. If there is constipation you *must* clean out; if there is diarrhea you *should* clean out. Calomel in small repeated doses as an occasional "opener;" salines for steady morning use; enemas for colonic, sigmoidal or rectal accumulations.

That intestinal antiseptics not only modify the course of typhoid fever but actually cure it. Best are the sulphocarbolates. When there is diarrhea use zinc sulphocarbolate (*yclept* zinci phenolsulphonas, U. S. P.), if constipation, the sodium salt; but usually the combined salts are most desirable.

That the hay-fever of August becomes the hay-*asthma* of September. Are you ready for it? Remember that atropine or hyoscyamine to full effect, possibly with strychnine arsenate and glonoin, will greatly modify the asthmatic attacks, and that alkaline antiseptics, suprarenalin ointment and cocaine locally will add to the comfort.

That malarial troubles are with us again in the fall, and that with more of the "clean

up" and less of the quinine we shall succeed better. Don't blame all the trouble onto the plasmodium—the fault may lie in a stinking bowel.

That with the opening of the schools, with their dusty rooms and poor ventilation, and the coming of warm days and cool nights there will be the usual crop of autumn colds among the children. Cure them with the active principles—and get on the school committee.

That it's well to be on the lookout for whooping-cough. If the "cold" just won't be cured think of it as pertussis and try soaking the little patient full of calcium sulphide, giving atropine to full effect for the "whoop"—if the youngster ever gets to the whooping stage under the sulphide treatment. Chances are he won't.

That fall weather brings back the rheumatic twinges. Don't be too free with the salicylates or the iodides. Get busy with your "thinker," and be generous with your eliminants. These chronics shouldn't be stumbling-blocks to success. Make them stepping-stones.

That instead of letting your consumptive patients take to their firesides when the cool days come you should persuade them to "take to the woods"—or better still, get their fresh air—lots of it, day and night—at home.

That consumptives need and can be benefited by medicinal treatment just as much as any other class of patients. Don't tie your faith to any hygienic shotgun—it's as bad as any other "cure-all."

That when the cauldron of national politics begins to boil and bubble, and the spellbinder comes out onto the street corners, there will be a fine crop of laryngitis—and the price of iodine is likely to go up. Buy now!

That there is almost as much excitement over the election of a president as over a medicopolitical scrap. Who should know better than we?

That it pays to be thorough—thorough not only as regards your diagnotic methods but also in your therapeutic ones. Find the trouble, the bottom-fact in diagnosis, in every patient, making it a key to unlock the door to therapeutic success.

That the kindest and most generous spirit gets closest to the hearts of men. Shed the shell of affectation and let your own warm-hearted nature speak out, freely, frankly, openly, helpfully, with no thought of personal profit. For that's the way the profit comes.

That charity is the greatest of the virtues—and that the faults that you see so plainly in others may be but the reflections from your own life. Brace up—then you can lift up!

That nothing worth while is accomplished without work, and that the only time to work is *now*—not tomorrow, next week, next year, but this very hour, this very minute. If you would live *by* your profession, Brother, you must work *in* it. Can we not all do our share, bearing in mind that our obligations transcend our own pleasure, and that we are working not for ourselves alone, but for all mankind?

What shall I do, what will you do, to add to the interest of CLINICAL MEDICINE—that it may serve and help us all more?

Are you discouraged? Then get closer into the collar—push and let the courage which alone comes with genuine work strengthen your soul for success.

THE AVERAGE MAN

The public gaze is usually on the leader, he who is most in the public eye. The surgeon is therefore the only man in the college faculty; the pitcher the only one on the baseball team. But while the rest may only be ciphers, in the public eye, they are nevertheless a necessity to take the central figure out of the unit column and give it the rank which it covets.

The world rarely gives due credit to the average men, the men who do most of the work. All this is showered upon the apparent "leader," and yet he is after all perhaps only a little superior to the rest. Very often he is much inferior to them. The man in the limelight gets his position by boldly advocating some precedure, possibly in the end proven worthless; but it seems

his purpose, for he makes himself known thereby. Meanwhile the body of his associates go quietly on in the usual way, doing the hard work and doing it well; doing more good than their much-advertised brother, and not taking it greatly to heart that he gets the credit and the emoluments.

Now and then some appreciative MacLaren calls attention to the quiet, worthy practician; the world recognizes with a hurrah the justice of the picture, and most men can at once find a living subject to which it may be applied. But this renders that subject rather uncomfortable. He does not want to get into the limelight; he just wants to get John Smith over his pneumonia, and to rescue Mary Day from the clutches of tuberculosis, and to do a hundred other things, in daily routine, that are pressing upon him all at once. He has not time to think about himself and his position in the community. These do not impress him as being of much importance. He has no time to give them.

Put any proposition in medicine before one of the lime-light class, and he will at once apply to it the touchstone of popularity. How is this thing going to affect him personally, his pocket and his standing in the profession? Is it a new method of treatment? Will his patients be favorably impressed by his adoption of a new method?

Put the same proposition before one of the hardworking, unassuming members of the profession, and his questions will be: Is it good? Will it give me better results than other methods in the handling of my cases? Will it help me in my task of relieving human suffering and prolonging human life?

One thinks of himself, the other of his patients. The former has his place, but the latter—well—we make this plea for the average man. He is the profession. He gives us our high standing in the community. He is the real arbiter of every improvement in our art, differentiating the good of new ideas from the worthless, by applying to them the touchstone of clinical trial. It is he who finally decides on every mooted question in medicine. If a thing is good, not all the dicta of men clothed with a "little brief authority," will make him neglect it. If the thing is worthless not all the power of printer's ink, not all the glamour of illustrious names, will succeed in giving it more than the briefest vogue.

Here's to the doctor! Not necessarily the "professor," nor the "eminent practician," nor the fashionable attendant on the whims of fine ladies, but just the plain doctor, the conscientious daily (and nightly) worker on the firing line who, meeting every emergency as it arises, does his level best, and is kind!

Don't be covetous of the other fellow's success; but do your own work to the utmost of your own ability, and the blessing will descend upon you as it has upon others.

HOW "AUTHORITIES" ARE CREATED

A very amusing instance was related to us the other day, which shows how "authorities" are created and illustrates some other points. At a certain medical college was an instructor in therapeutics who was graduated a few years before, had been interne in a city hospital for one year, and at the next term turned up as "instructor in therapeutics." He was a bright enough young fellow. We have no fault to find with him; but how is it possible that a youngster with a single year's experience in a hospital could qualify himself to instruct students, much less practicians in medicine, some of them old enough to be his father?

In the class were about forty practicians who were doing postgraduate work; and these men, many of them gray-haired, seated themselves and listened to instructions from this young man. Well, they probably learned something about the newer methods, cryoscopy, opsonins, Widal's reaction, and some other things which were not taught in the schools at the time they graduated. But now and then the discussion drifted into matters of which they probably were not entirely ignorant.

One day the young instructor asked one of these practicians about his treatment for croup. He replied that he treated it with a well-known iodine combination; thereupon

the said instructor became very indignant and proceeded to mop up the earth with the the old doctor, telling him what this remedy was and was not, and how egregious was his error in presuming that it were of any benefit whatever, etc., etc.

The old man interrupted him with a few brief but pointed remarks. He said that he had had a case of croup the previous night, treated it, and it was well, that he had used this remedy for years in the treatment of croup, and with satisfaction; and wound up with the terse remark: "*You* cannot teach me anything about croup or its treatment."

The class thoroughly enjoyed the episode, which was related to the writer by one of its members, then an undergraduate. Undergraduate as he was, he thoroughly appreciated the situation.

In the ordinary course of events this young instructor, with little or no practice, will in a year or two come out as the author of a quiz-compend on therapeutics. Each year this will grow bigger, and at the end of five years it will have blossomed into a full-fledged textbook on practical therapeutics, containing probably one thousand large pages. Of this enormous work how much will represent that young author's actual knowledge and experience? Half a dozen pages, probably. Nevertheless, as the author of a "textbook," he will thereafter pose as an "authority," and expect every one of the modest men who have not written books, but who have practised their profession for twenty to forty years, to bow down in reverence before him and accept his dicta in matters of therapeusis, even when they know well that he is wrong.

Possibly, as the centuries roll by, there will come a time when the fact of having written a book, or of having had a grandfather who was a real doctor, will not suffice to constitute a man an authority. Maybe, in a few thousand more years, each man will recognize that he himself is the very best authority, and will cease to depend upon other people to do his thinking for him. Unfortunately, while the real physician is painfully conscious of the very little he himself knows, he fails to realize that even that little is more than these other men have acquired.

Here are four standard works on therapeutics. Let us apply a simple test to them and see if they are really up to date. We find that one of the four recognizes the fact that gelsemium contains two antagonistic alkaloids; the other three are silent on the subject. Query: Do they really know this? Or were they afraid that by stating it they would give aid and encouragement to those condemned alkaloidal cranks! Two of them would certainly suppress any truth which would favor the alkaloidal movement; the other is a case of ignorance.

If these be our leaders, whither are they leading us?

Straight into the gulf of therapeutic nihilism of the total abandonment of drug therapeutics.

Follow them those who may choose; but at least let it be with open eyes, knowing whither such teachings tend.

The old therapeutics has been thoroughly thrashed out, tried and found wanting as absolutely unworthy the confidence of the profession. Were there nothing better, then indeed drug therapeutics could be relegated to the scrap-heap, with astrology and alchemy. That there is something better, is perfectly well-known to every honest student of the active-principle movement.

Do you happen to have some good thing learned "in practice" that your fellow has not? Then you are under high obligation to "show" him, if he will be shown.

THE DOCTOR OF FICTION

Editor Palmer of *The Chicago Clinic and Pure Water Journal* takes advantage of the "dog-days" to call some of us gently to account for "whining over the dearth of business" in this dullest of dull summers when we might just as well be filling these vacant hours profitably full of the best and most refreshing enjoyment, by exploring a little in the pleasant literary by-paths of medicine. He suggests that we endeavor to get acquainted with the doctors of fiction and as a mere "starter" he casually takes down his volume of "Tom Jones," Field-

ing's immortal story, written a century and a half ago, and introduces us anew to a doctor "of the olden time," who is just as true to our craft in what he says and what he does as are these medical neighbors of ours with whom we are swapping yarns every day of our lives. Why, it might even serve as a verbal portrait of you—or me!

He shows us that the doctor of 1749 was like the one of 1908, in "befuddling the layman with technical verbosity," in the skill with which he "side-stepped" the significance of the patient's symptoms, in hedging cautiously on prognosis, in the gravity and acumen with which he sides with the old woman's advice on matters of diet, in finding cause to thank Providence because he was called before it was too late, and in taking credit for "cures" which he is willing that Nature should make unassisted.

The sketch is a delightful one and we shall hope that it is but the promise of many more to come. All fiction is filled with the doctor, and he has played an important part in making it. Many of the greatest of its writers have themselves been of the healing art; from Rabelais down to Weir Mitchell doctors have done their full share to relieve the tedium of the "matter of fact," possibly because they have seen and felt the wear and tear of realism as has no other class, and as a consequence have learned the value of relaxation and enjoyment. What a splendid and almost unexplored field is this for a "Doctor's Magazine." The writer has long itched to enter it himself; but Palmer "is the boy" who can do it.

There is character in Palmer's journal—individuality. We opine that his ambition is not to publish a great big journal, full of all kinds of things, some good and some "middling," but something that from end to end is Palmer, and as he says this month in his first editorial, "out of the ordinary." In this ambition, if we have diagnosed his sentiments and his ambitions correctly, he is succeeding extraordinarily well. There are five or six journals which, for one reason or another, are picked out of the big pile of our exchanges first. In some of these we look for valuable original contributions, in others for helpful therapeutic knowledge, but we go straight to *The Chicago Clinic* to find out what Palmer has to say—for this little journal is all Palmer, and every bit of it "worth while."

If you have made a success of any new plan in practice, medical or surgical, tell us about it. Others will try it, and so we can all work together for our mutual good.

AN UNANSWERED QUESTION

The editor of *The South Carolina Medical Journal* asks editorially: "Is there a single organization journal which is run as a business venture for the purpose of making money, *or for any other reason than an effort to increase the efficiency of the profession and thereby further the welfare of the public?*"

The joke about this is that it is asked seriously, without any intention of being taken as a joke. Possibly there *might* be found a few people who attribute to some of the organization journals some other reason for existence than those given by our South Carolina editor, without being, as he delicately puts it, either "bigoted asses or dullards."

A RIDICULOUS RESOLUTION

The possibilities of intellectual befuddlement on the part of the druggist reformers of the medical profession and their intelligent (?) allies within our fold, are shown by a resolution which was passed at the last meeting of the Indiana State Medical Society. This resolution was introduced by Dr. A. E. Bulson, Jr., editor of *The Indiana State Medical Journal*. The resolution is as follows:

"Resolved, That the Committee on Arrangements hereafter do not accept as exhibitors at any sessions of the Indiana State Medical Association any firms that are selling to physicians, or exhibiting to physicians, proprietary preparations not approved by the Council on Pharmacy and Chemistry of the American Medical Association."

The funny feature of this resolution is that there is not a pharmaceutical firm mak-

ing any considerable line of medicinal preparations, not only in America but in the world, which is not debarred from exhibiting *any* of its products at the meetings of the Indiana State Medical Association, providing this resolution is taken at its face value. "There is none righteous, no, not one," none which does not manufacture and offer for sale to physicians proprietary preparations not approved by the Council—and many of them make all kinds of "dope" for anyone who has the price, for direct sale to the laity as well. Why, even the "great ethicals" will be debarred from exhibiting in Indiana. Isn't it awful?

The members of the Indiana Society present at this meeting nearly atoned for their silliness in passing this resolution by electing to its presidency, Dr. George D. Kahlo, of French Lick, one of the finest of the many fine medical men in Indiana. Congratulations all the way round!

The public gives praise and emoluments not only to those who do what nobody else attempts, but also to those who do BEST what everybody else can do WELL.

ETHICS AND PSEUDO-ETHICS

At the last analysis ethics means doing what is right and avoiding what is wrong. Unfortunately the word has come to mean, at least to many physicians, simply adherence to the "official" etiquette of the profession—"ethics" of dry, meaningless forms, not of true manhood based upon justice and professional brotherhood. Thus an "ethical" man must follow the custom laid down for him by others as to the size of his sign, what he shall put on it, just what he may put on his business card, and a thousand and one other petty details which have no connection whatever with "fundamental principles of right and wrong," while he may in a professional way cut a brother doctor's throat, or rob his patients by needless visits or worse than useless operations and remain "of the highest standing."

How absurd the stickler for this kind of "ethics" may be, and how unfair, is shown by the following quotation from a letter just received from a physician living in a large western city. He says:

"I am a member of the county and state medical societies of this state, but do not happen to be one of the 'big dogs' who dish out the peculiar brand of 'ethics' that we are served here. My kind are in the majority in the medical society here, also, so I would not want you to class the membership as all similar to a few who are in control of things at the present time. Let me cite you an incident that happened to me a few months ago, just to show how a few of the men try to dish out ethics for the rest of their brethren. 'I had printed several months ago some cards, on which I had this line, 'Special attention given to Genito-urinary and Venereal Diseases.' A former president of our county medical society saw one of my cards and wrote me that it was not 'ethical' to have such a thing on a card. I then promptly stopped using these cards, as I was not aware of the *terrible* mistake that I had made. About one month after this I happened to see, in a popular barroom in this city, in a large frame about 3 by 5 feet in size, a socalled 'Business Men's Directory.' Under the heading of 'Physicians,' the first on the list of probably ten names was my 'ethical adviser,' the former president of the county medical society, and a man in good standing now. He advertises to treat the eye, ear, nose and throat."

And then the doctor goes on to say that it is by just such methods and just such men as these that we of this great alkaloidal movement are being assailed. Because the self-satisfied and self-justified medical aristocrats who dislike us are not actuated by the *true* ethical motives of kindliness to all men, fair-dealing between all members of our craft, and above all, are not actuated by the desire to cure or relieve to the utmost those who come to the doctor for cure or relief, their "ethics" is often a falsehood and a sham. The rank and file of the profession, those who reserve the right to do their own thinking, are with us, and these men, as the doctor says, "do not have their ethics served up to them by a few of the 'elect.'" That this brand of pseudo-ethics

is not confined to *one* city, is shown by some investigations made by *The Medical Era* and reported in its editorial pages.

The only ethics worth while is that which stands upon the sound foundation of human sympathy, ennobling ideals and the "square deal." As for ethical "trimmings," too often they but scantily drape a living lie.

Fortunate indeed is the man who is advertised by his enemies and whose battles are fought for him by his friends.

THE COCAINE HABIT

The cocaine habit is the most dangerous and hopeless of all the drug habits. It is increasing to an alarming extent and timely measures to check the use of cocaine should be taken by doctors before the evil becomes uncontrollable.

Doctors should not give prescriptions for cocaine. Wherever it seems necessary to employ the drug in ointment, suppositories, snuffs or sprays, they should be given to the patient by the doctor himself, so that he cannot know what he is using, and you can discontinue it when you see fit. Efforts, like this Mann-bill legislative movement, to throw the handling of these powerful habit-forming remedies into the hands of the druggist exclusively are a serious mistake.

Laws cannot stop the cocaine habit. If people know about the drug, get the habit, and want it, they will manage to get it somehow. The doctor is the only man who can interpose successfully. If he feels his responsibility in the matter and discharges his duty to his patients, he can stop the abuse of this drug.

The effects of cocaine, while delightfully exhilarating, are so evanescent that the individual soon passes all bounds in its use. Mental and physical ruin, if not actual death, are certain results if the habit is continued. There are physicians who employ cocaine sprays very freely and almost as a routine measure to clear the nose and subdue irritation in the throat while at work in these cavities. Many persons frequent their offices just for the relief, stimulation and temporary enjoyment the spray affords. We do not suppose that the spray is employed to attract and hold patients. Nevertheless that is the effect of the practice.

Doctors should not employ cocaine at all except where it is absolutely necessary. Its use should practically be restricted to the production of local anesthesia. Where its use must be entrusted to the patient, surround it by every possible safeguard. Do not let him know what it is. Only give him a small quantity, ready prepared, and discontinue it as soon as practicable.

THE MANN BILL AGAIN

In the July number of CLINICAL MEDICINE we called attention to a bill introduced by Congressman Mann of Illinois, which, while presumably intended to prevent traffic in habit-forming drugs, really was so worded as to limit the right of the doctor to purchase his supplies where it may suit him best. The *J. A. M. A.*, in its number for July 25, prints this bill in full, also another bill introduced by Congressman Mann covering very much the same ground, but mainly intended to provide penalties for sending habit-forming remedies through the mails. To the latter bill there can be no objection because "legally authorized practitioners of medicine" are included among those who are exempt from its provisions.

This makes it all the more striking that in *the* Mann bill, in which we are mainly interested, the doctor is omitted from the exempt class, while all other parties having to do with the manufacture or merchandizing of drugs, such as jobbers, wholesalers, retailers, manufacturers of medicinal remedies or pharmaceutical preparations, hospitals, colleges, scientific and public institutions, are expressly exempt from its provisions. As a matter of fact, in the exemption clauses of the two bills almost exactly the same language is used, *but in one the doctor is included among those to whom "its provisions shall not apply," while in the latter he is not referred to at all*, therefore being classified with the lay-public who may not buy cocaine, morphine, chloral, hyoscine, etc., except of the retail druggist.

Some of our friends think we are wrong and that the provision "except on the original prescription or written order of a legally authorized practitioner of medicine" will leave the doctor free to buy where he will. It is significant, however, that in the next line it is added that this "prescription or order shall be dated and shall contain the name of the person for whom prescribed." Can you give such specification whenever you order cocaine, hyoscine and morphine?

If this Mann bill made proper exception of the physician from its provisions we should have no quarrel with it, for on the surface its purpose is good. Physicians certainly should be anxious, and we know *are* anxious, to stop the sale of all kinds of dangerous, habit-forming drugs direct to the laity, and CLINICAL MEDICINE will use all the influence of its editorial pages in the support of any proper measures having that end in view; but it will oppose with equal energy and determination every effort to limit the independence of the doctor, and as it stands, that is what this bill does.

We are surprised that in commenting upon these two bills the *J. A. M. A.* should say: "The passage of these bills will not in any way interfere with the legitimate business of physicians, manufacturer, wholesale druggist or pharmacist, since all such business is expressly exempt." One bill *does* interfere with the purchase-rights of the physician. Perhaps it is significant that commenting farther *The Journal* adds: "If these bills become laws the sale to the public of dangerous drugs will be limited to the pharmacists, and the distribution of such preparations by irresponsible parties will be prohibited. Since these bills were introduced, editorials and comments have appeared in several of the drug journals calling on druggists to oppose their passage. Certainly the writers of such notices were either ignorant of the provisions of the bills or else were more interested in the business prospects of the proprietary manufacturer engaged in the mail-order business than they were in the retail druggists."

It is quite apparent to anyone who reads the second bill carefully that the sale of dangerous drugs will be "limited to the pharmacists" and that it will be impossible for the physician to secure them except from the pharmacist. Why the retail druggist, who is well known to be the greatest source of supply for drug-fiends of all kind, should be a safer and more satisfactory man for the physician to buy these potent remedies from than reputable pharmaceutical houses engaged in the "mail-order business," and selling only to physicians and the drug trade, we fail to see.

There are other provisions of this Mann bill, especially those relative to labeling, which will require revision before the bill can properly become a law, those which require the "skull and cross-bones" and the poison-and-antidote label upon every package containing any potent remedy whatsoever, no matter to whom sold. But that feature of the bill we shall not discuss here, because while it is of interest to the manufacturer it is not of such vital importance to the physician. Some interesting matter will be found in the Miscellaneous Department.

Again we want to say that in these strenuous days, when all kinds of "interests" are struggling to secure repressive legislation in their own peculiar interest, it is wise for the doctor to keep his eyes open.

Most men must be stung with the nettle of adversity to have aroused in them that latent human sympathy without which the world would never move.
—Wilshire.

SOME EYE-OPENERS

The pot keeps on boiling. It certainly is wonderful how the reforming forces are taking hold upon medical thought. Unfortunately the reformers generally believe in reforming everyone but themselves.

There is an old and almost forgotten proverb that "charity begins at home." Those who still have some faith in this archaic saying will enjoy reading a series of articles in *The Wisconsin Medical Recorder*, upon "The Medical Expert," by Dr. Gordon G. Burdick. He has touched pretty nearly every phase of medical life, the evident purpose of these articles being to get

our profession back to "rock-bottom" principles of honesty and square dealing; to show up the hypocrisy and falsehood which is altogether too prevalent in our midst; to get the doctor to think for himself and to work in the interest of his profession instead of in behalf of a lot of medical grafters. In his strictures upon the pseudoethical "shark," the false leaders of medical thought, and druggist evils of various kinds, he cuts to the quick. But it was full time for the use of the knife.

These articles are an eye-opener, and any doctor who is not reading them is making a serious mistake. The article upon "Medical Partnership," which appeared in the April, 1908, number of CLINICAL MEDICINE (reprinted from *The Record*) is one of the series, and gives some idea of the character of the work Dr. Burdick is doing. This article showed the possibility along lines of constructive work as well as for the necessity of judicious pruning here and there! There is the promise of things of even greater interest to follow. We advise readers of CLINICAL MEDICINE to subscribe for *The Recorder* and read every number.

DEATH OF DR. FRANK KRAFT

We have just been shocked to learn of the death of Dr. Frank Kraft, editor of *The American Physician* and secretary of The American Institute of Homeopathy. He passed away about the first of August.

Without a single exception, we believe that Frank Kraft was the brightest, wittiest, keenest writer in medical journalism. He was an ardent homeopath, and in his editorials he taught homeopathy with all the vigor and energy that were characteristic of him. He lambasted his critics and criticised those whom he thought unfriendly to his beloved school of practice with all the biting sarcasm and brilliancy of wit of which he was such a master.

But in spite of this, Kraft was a big man, a broad man. He spoke as he felt; but his heart was kind. We shall always recall with pleasure our correspondence with him, filled not only with the rattle of small arms, which broke out from time to time as his pet ideas, or ours, popped up their heads so as to make a good mark, but also the many sympathetic and helpful things which were characteristic of his correspondence as well as of his editorials.

Not only has homeopathy experienced a great loss through the death of Dr. Kraft but it is a loss which we must all feel, to whatever school we may belong. It is an encouraging index of the broadening and humanizing tendency of the times that a man like Kraft counted his friends not only among those more closely associated with him through ties of mutual beliefs, but among men of all schools, men who are seeking the truth and ready to recognize it wherever it may be found. We need more men like Kraft. We need them in our own school, in all schools, men who have courage to back up their opinions; who are on fire, burning with the zeal for creation; men filled with the determination to bring their own peculiar ideas to the attention of all.

It is useless for us to deny that it is easier for a medical man to attain notoriety or cheap fame by casting doubt and discredit upon others than by doing original work of his own. —George Thomas Palmer.

CATCHING COLD

It is not altogether unsatisfactory to people who think that science and common sense should run together, although no doubt discouraging to those who look upon the germ-theory of disease as the opening of a sanitary millennium, to find that, after all, we can "catch cold."

The great discovery that most of the febrile diseases from which we suffer are associated with a growth within us of microorganisms made many people for a time look somewhat skeptically on "catching cold," and we were told that when we felt chilly, and then in a few hours found ourselves sniffing and out of sort, the chill to which we attributed all the mischief was really the first signs of our being ill.

Certain experiments, however, which have recently been made, tend to rehabilitate "cold" in its position as a cause of disease,

for they have shown that exposure to cold lowers the resistence of the body to infection and, what is more interesting still, they have made it clear that in regard to various diseases which are known to be caused by microorganisms, and especially in regard to pneumonia, we may carry the organisms about with us and not suffer, and yet that exposure to cold will at once enable the microbes to take root.

Recent demonstrations of the presence of the pneumococcus in the lungs of healthy animals, and the fact that exposing such animals to a thorough chill will bring on pneumonia is very suggestive and makes it probable that in many of the ailments which result from "catching cold" a concurrent infection from without is not necessary. The healthier and the cleaner the man, both inside and out, the more, no doubt, will he be able to bear exposure without ill consequences; but for those people whose system is already charged with infective microorganisms, a "mere chill" may evidently set up disease.

The work that lives is constructive work. Who knows anything of the critics of the centuries past? They are forgotton. We remember Bruno, Copernicus, Harvey, Newton, Priestley and Darwin, and their names will be written on the et rnal tablets of fame. Yet in their own days they were howled down by the mob and assailed by the "authorities." Can you recall today the names of those "authorities"—even one of them?

LYDSTON'S OPINION OF THE "INDEPENDENTS

In the Miscellaneous Department of this number of CLINICAL MEDICINE will be found an article by Dr. G. Frank Lydston, "Why I Write for Independent Medical Journals." We are reprinting this from *The Texas Medical Journal*, Daniel's "Red Back," which, by the way, is the "tabasco sauce" of current medical literature. (There is a jim-dandy editorial about "Abbott" in the last number likewise to be found in this department.)

I am not going to spoil the enjoyment which you will get out of reading Lydston's article by attempting to tell what it's all about. The purpose of this note is just to call your attention to it, so that by no possibility will you miss it. That would be a misfortune, for in the words of the poet, "it's a stem-winder!"

Somehow—somehow—I kind o' like it. After you have perused it, I wonder if you will not agree with an opinion that I cannot, with all my well-known modesty, entirely hide—that it's the cleverest thing Frank Lydston ever did; and that's "some."

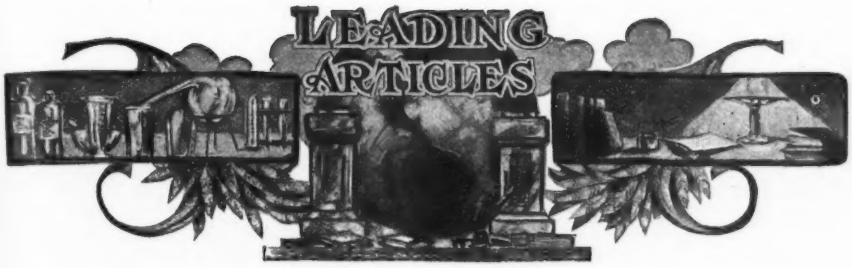
Right here I will say that the reasons the inimitable Frank gives for writing for "independent journals" are ours for publishing one; and he gives these reasons better than we could do it ourselves.

NEVER MAKE FUN OF NERVOUS CHILDREN

A word about nervous children. Never scold them or "make fun" of them. They suffer enough without your threat, or sarcasm. Pretend not to see their awkwardness when in company nor their grimaces when alone.

A case was reported the other day of a boy of ten years who, on being vexed, and often without any apparent provocation, would clench his hands and make the most frightful contortions of the muscles of his face and head until his poor mother feared he might be idiotic. But this is not so. He is the brightest boy in his class at school, fond of reading and of natural history, but he is of a highly nervous temperament and has not been taught to control the little wires with which he is strung.

This is no single case. There are thousands of children who give way to their nerves in similar fashion. Talk to them, saying that these curious little fellows should be their little servants, not their masters. Never whip them. A man or woman who whips a nervous child is on a level with brutes that have no reason. Encourage them. Help them. Be patient with them. They are the making of our future successful men and women, for they will work hard at whatever they undertake. Brace up your own nerves first, and then be indulgent toward the capers of your overnervous children.



STUDIES IN ALKALOIDAL THERAPY

The first of a series, prompted by the work of Professor Laura, the great Italian clinician. In this number the philosophy of alkaloidal therapy is discussed

By WILLIAM F. WAUGH, M. D., Chicago, Illinois

THIS series has been prompted by the perusal of Professor Laura's treatise on "Dosimetric Therapeutics." So much valuable material is presented in the work of this great Italian clinician that I deem it a duty, a pleasing duty indeed, to present at least some specimens to our readers. This work is especially rich in a class of information that is precisely the great pressing need of the physician of today, namely, the scientific application of drug-remedies in the treatment of disease.

Therapeutic Work of an Optimist—a Man Who Knows

Like all those practically familiar with the active principles, the great clinical teacher of the University of Turin is a calm, cool, confident optimist—not an enthusiast who allows his hobbies to run away with him, but *a man who knows, and knows that he knows;* and who proceeds from the certainty of known facts with the precision of mathematic calculation.

Laura was a clinician of a type rare in any land, and unknown in America. His knowledge was his own, whether he or others originated it. His authority was his own experience, educated and illuminated by study and reason. He was one of the first European educators to appreciate the importance of Burggraeve's conception; but while rendering full honor to the originator of this therapeutic revolution, Laura carried the work well forward and enriched it with many treasures of his own contribution.

More than two decades have passed since this work won for Laura the Grand Prize of the *Institute de Dosimetrie.* In that time we have not been idle, and much valuable material has been added. The writer has thought it best to incorporate much of this in the present series, since the reader is more interested in securing all accessible information on any topic than in separating the work of any one man. While incorporating Laura's work in these articles, therefore, and basing them upon his thesis, the Italian clinician is not to be held responsible for all that may appear in them. With this general acknowledgment of indebtedness to him, we shall, therefore, treat each topic with the utmost freedom, seeking rather to arouse the reader's interest in scientific drug-medication and to open his eyes to the exceeding richness of this field, than to present a simple rendition of Laura's thesis. The reader is free to credit to

Professor Laura anything of value he may find herein.

Some Burggraevean Aphorisms—Every One a Sermon

As a prelude to his work Laura quotes a group of Burggraeve's aphorisms, each of which might serve as the text for a monograph. I shall give them here:

"In the study of medicine, instruments of precision are necessary."

"That the study of pharmacodynamics may be made with precision (certainty), there are needed certain agents, instruments of precision."

"The fundamental laws of dosimetry are very simple: they are comprised in the *cito, tuto et jucunde* of Celsus."

"With the dosimetric method there is no danger, since all the elements of the problem are calculated in advance."

"Medicaments are to a sick man what foods are to a healthy man."

"It is of great importance to the physician that the substances he prescribes should be pure and possess the desired therapeutic qualities."

"Medicine has been reproached as being blind; it should be known that there is no science more precise."

"For biology in general and medicine in particular, dignity resides less in the value of their discoveries in the science of life and of physiology, normal and pathologic, however important this science may be, than in the progress they may permit toward *therapeutics*, the last and legitimate end of human physics, and more generally, of the study that embraces all organized beings, the human especially."

The Indifference of the "Scientist" vs. the Altruism of the Therapist

Compare this last declaration with that of the Viennese leader who declared that the truly scientific physician could not consider the "treatment" of his patient, and we have the distinction between the two schools broadly demarked. They are irreconcilable. No man can serve two masters—the cultivation of the Viennese ideal stunts the practician. It is the cruel indifference of the North against the quick sympathy of the South, selfishness against altruism, theory against practice.

Says Latour: "Without therapeutics the physician is only a useless naturalist." Laura adds: The supreme object of the art of curing is, then, to restore health to the sick."

The difficulties met in biology and medicine become infinite in the study of therapeutics. But as physics, chemistry and mathematics have enriched medicine with irreproachable scientific principles, perfect methods of investigation and admirable instruments for study, so the ancient therapeutics, now obsolete, has been transformed into the modern therapy. By the precision of its methods, pharmacology has created a new order of things, setting aside the antique phantasmagoria, the cloudy theories, to prepare a truly scientific materia medica. The uncertainty of the older form has left too many monuments in the textbooks of pharmacology. These are the works of honest men and distinguished masters; their evident confusion and eternal contradictions are partly due to bad methods of investigation, but largely to the impurity of their medicaments.

Dosimetry offers a sure basis for experiment, an agent very pure, always identical with itself, perfect in dosage and preservation. By this we have opened unknown ways and obtained new results, impossible with medicaments impure, variable and of uncertain composition. Observation and experiment by this method have opened a new era, a fecund era.

Scientific Therapy and Its Experimental Basis

Scientific therapy is founded upon the synthesis of observation and experiment, with the light afforded by allied sciences. The action of remedies offers a field of study very difficult and delicate. It is well to try remedies on animals, healthy or diseased; but this is not alone sufficient. No certain deductions can be made from animals as to man, since the anatomophysiologic

disparities exceed the analogies between them, even without mention of the enormous distance separating their organic activities. Vivisection so gravely interferes with normal function that its results must be discounted. Still more uncertain is animal-experiment when made with massive or toxic doses; yet the habit of judging from such perturbing doses is inveterate with certain authors, whose works deal with toxicology rather than pharmacology.

Experiments Should be Made Both on Sick and Well

Experiments on man must be made on the sick as well as on the well. "Important as experimentation with medicaments on healthy men appears to other authors, made with prudence by eminent men, it appears to us, and will always appear, halting, incomplete, and insufficient by itself alone to demonstrate the true therapeutic properties of any agent whatsoever; for remedies do not act in the same manner upon the physiologic organism as upon the pathologic organism, nor does the organism respond in the same manner in the two cases. The laws of life are constant, but the disease—the resistance to the remedy—appears as a new element that modifies the receptivity of the organism and the force of its reaction to the remedy. The conditions are so altered that doses that in the healthy man afford toxic effects are almost imperceptible in the sick."

Aconitine disorders only the healthy person; it is defervescent and well tolerated in pyrexias, at any age. Physiologic experiment is therefore insufficient unless complemented by clinical experiment. Vulpian said: "Physiologic experiment taken alone can only give uncertain data, from which no conclusions can be drawn."

The reader will note how carefully our Gallic confrères choose their words. Valuable "indications" may be drawn from such experiments on animals and healthy men, but not "conclusions," which are final.

Laura sums this matter in these words: "The particular properties of any medical agent whatsoever can only be demonstrated by therapeutic (clinical) proofs." "And if in pharmacologic studies it is essential to secure a perfectly scientific method of research, start from certain principles, serve ourselves with perfected apparatus, defining strictly the object and the conditions of the investigation, it is not less important that we make our tests with an agent chemically pure, mathematically dosed, perfect in every respect, always identical with itself as to dose and quality, and of irreproachable preservation."

These conditions are fulfilled only in the pure active principles, the arms of precision. It was the default of this precision in its weapons that destroyed the prestige of the old therapeutics, which, when it was not uncertain, audacious and perilous, was reduced to a do-nothing or an equivalent timidity.

The dosimetric principle of minute doses, given *coup sur coup* (blow after blow), at stated intervals, is of immense value. Large doses disturb the functions too much to permit the study of true drug-action. In health or in disease, by these cumulative small doses the exact physiologic effect may be attained without such toxic disturbances. For the object of therapy is not to disturb or overwhelm organic functions, but to restore physiologic balance; and a delicate adjustment of means to end is requisite to avoid over- or under-action.

Maximal and average doses have therefore no place in active-principle therapeutics, which aims to secure in every instance exactness of dose, exactly adjusted to the need. The employment of medicinal agencies scientifically exact has therefore for the first time in the history of medicine opened to its votaries the possibility of scientific dosage. "The average dose is an absurdity in the science, and not only nonsense but a danger in the art."

Freely Expressed Individual Judgment Essential to Therapeutic Success

All doses given are simply suggestive—a basis for trial on each individual patient. To the suggestions of our masters in medi-

cine we must add our individual judgment. By his tact, his knowledge, his experience, his recognition of conditions present, his interpretation of the symptoms, his observation of the least details, by his knowledge of his remedies, the physician realizes the eternal dream of the art of cure: the *cito, tuto et jucunde.*

The nature of the malady determines the size of the commencing dose. The acuteness of the symptoms and the rate of absorption of the remedy indicate the frequency with which the doses should follow, while the effects obtained show when the intervals and the doses should be decreased or increased. Nothing more scientific could be devised, for thus the remedy is exactly fitted to the conditions presenting by the patient and the disease. This is evidently a radical departure from the "teaspoonful-every-four-hours" methods.

Burggraeve said: "Our doses are never absolute, since in acute maladies we proceed until the symptoms subside, no matter how much medicine may be required. In chronic maladies we consult the idiocyncrasies of patients."

"Exact treatment requires exact clinical diagnosis and exact remedies. Alkaloidotherapy, occupying today a glorious place in rational scientific therapy, will have in the future more honor than we can now dream, even in our most audacious expectations."

Fundamental Principles

We are vitalists, recognizing the living union of matter with force; and in medicaments an action primordial, fundamental, essentially dynamic. Human life is not physics nor chemistry; animal physics and chemistry have that which distinguishes them from the physics and chemistry of nonliving substances. Burggraeve therefore pronounced the action of pure alkaloids vital and catalytic, some influencing vital function without being assimilated.

The venerable founder of dosimetry laid down these propositions:

All alkaloids are tonic-excitant, from their bitterness.

All arouse the tonicity of the tissues.

Their action on the organs is moderating, or rather regulating.

There are agents which are neutralizing modifiers, as in zymotic maladies.

Their action on the secretions is sure, the increase of perspiration refreshing the blood.

All alkaloids are in a certain sense hypnotic.

As to the application of the right remedy at exactly the right time, the dynamic period of the malady, he says: "Given at this moment we obtain the best results with doses exceedingly minute." But until this dynamic action is comprehended physicians will not renounce the ingrained habit of giving big doses, and the action of minute doses will be looked upon as a chimera.

Laura makes the following significant comparison of the eighteen years of his old practice with the seven years of his dosimetric work: "I am profoundly convinced that the dosimetric method is a great advance in the science and art, that it promises still more new and certain triumphs, that it gives to the physician an increased dignity, a much greater certainty in his art, a brighter light to guide him in his difficult and magnificent profession; spares him the perils of excessive medication, restores his faith in the resources of his art, and renders to suffering humanity services far superior to those of ordinary medicine."

These are not the excited imaginings of an ill-balanced enthusiast, but the cool conclusions of a great clinical teacher of twenty-five years' practice. His experience is that of every clinician who has followed the same path.

Compound Formulas and Therapeutic Nihilism are Assailed

Our author discusses the use of medical compounds: "The compound medicament is a pharmacologic absurdity—a dangerous weapon. With active toxic agents the administration of a compound in massive doses is a crime." He proscribes nihilism with the same vigor as he does excess.

Ill-defined and doubtful remedies may be rejected, since we have the alkaloids.

"Dosimetry was born of the need for certainty, light and science, and of disgust for the impotence and uncertainty of ordinary medicine, which paralyzed the better spirits, tarnished the honor of science and destroyed the confidence of the public in medicine and physicians." Dosimetry in recovering the true path of the science has established the art in its place, and restored to the patient faith in the physician."

The active principles are simple, the older vegetable remedies more or less compound; of some the composition is unknown, others are known in part, all ill-defined. The essential characters of the alkaloids are, their chemical purity, their mathematic dosage, their unalterability; granules nearly twenty years old in the writer's possession show not the slightest perceptible loss of strength.

The facility with which the concentrated active-principle granules may be administered is notable. Little children take them readily; the most delicate stomach tolerates them, and their quick and sure action restores faith and hope to those long ailing, disgusted with doctors and medicine. The ease with which medicinal aqueous solutions can be prepared by the physician at the bedside, on the moment, is a valuable feature.

The Variability of Crude and Galenical Remedies

We know that the chemical composition of plants is complex; they contain various active principles, differing in action and often antagonistic. The quantities of each are inconstant and variable. Those who write textbooks express the most opposite views as to the properties of these plants, so that the beginner is bewildered. All this vanishes when we turn to the alkaloids—no matter whether the mother-plant be wild or cultivated, grown in sun or shade, in dry soil or damp, fertile or sterile, not to mention the neglect, ignorance or fraud of those who collect, preserve or prepare the same.

All these conditions and many more may modify the qualities of the mother-plant. Its preparations may be fresh or stale. The method of preparation may destroy or alter the active principles; and if all these perils are obviated we still have the uncertainty as to the quality and proportions of its various active principles. These considerations seem to render the resort to the alkaloids so obviously desirable that it is difficult to make an intelligent layman comprehend that there should be any question of its propriety in the profession.

Mixtures Are Condemned

Kluyskens objected to mixtures because they may not form a combination of uniform consistence; mutual decomposition may alter their original properties, the need of masking or correcting some undesirable feature leads to the addition of noxious, inert, indigestible or disgusting substances; the solubility may be affected; and the mode of combination may induce changes in the nature of one or more constituents—all elements creating uncertainty. Finally, he remarks: "Strong doses induce effects local rather than general." Laura adds that the ready solubility of the alkaloids should not be disregarded, for this means quick action. He summarizes thus:

Use exact, divided doses, applied to suit the nature, entity and manifestations of the disease; act promptly in the dynamic stage in an endeavor to jugulate the malady; oppose nihilistic medicine; quell fever; associate similar or even antagonistic remedies; make use of adjuvants; consider the value both of causal and symptomatic treatment; use pure remedies, and prove the dynamic power of therapeutics founded on physiology, pathology and pathogenesis; experiment on animals, healthy men and diseased ones; hold exact account of idiosyncrasies; sustain the vital forces; and make due use of prophylaxis and hygiene.

In dosimetry poisoning is impossible; the small doses, repeated until exactly the desired effect has been secured, effectively prevent overdosage.

In closing his presentation, Prof. Laura expresses the hope that the profession may

recognize the immense value of perfect therapeutic weapons, but adds significantly: "The generation of physicians that follows us will be in possession of this truth." He spoke wisely, knowing that at least a generation has been required for any really great, radical or revolutionary advance in medicine to win acceptance. The medical mind is so constituted that it adheres tenaciously to views once adopted, and only new and yet plastic minds receive the new impressions. Even the great Gross refused to the end of his life to accept the separation of syphilis from chancroid.

Must we rank ourselves with those whose minds have crystallized and are incapable of receiving and assimilating new ideas? Is our mental capacity so quickly saturated? Are we of such mediocre mentality that a fair average knowledge of our textbooks fills the measure of our capacity?

The arguments above enumerated have been long before us. They have never been refuted, they are unanswerable; scarcely one has even been questioned. If the premises of our argument are accepted the conclusion is inevitable, and we can accept Laura's closing words: "Dosimetry forces itself upon us as a duty."

OCULAR OBSERVATION OF SEMEIA*

A study of the signs of disease which are readily detected by observation alone. A paper read before the Iowa Union Medical Society, Iowa City, June 23, 1908

By WILLIAM C. POST, M. D., Maquoketa, Iowa

AT the present day the student of medicine is taught very thoroughly by the use of instruments of precision and the value of laboratory diagnosis. He is impressed thoroughly with the value of post-mortem pathological study, and justly so; but unfortunately, when he gets into practice he will find that his patients are absurdly prejudiced against waiting for that method of verification of diagnosis, on themselves, and it has occurred to the writer that a reversion to the study of semeiology as practised by the fathers in medicine would be of value, to the younger members of the profession certainly, and perhaps also to some of our older ones—hence this screed.

Many Things About Disease Learned Merely by Observation

Careful observation often will tell a great deal from the physique, the gait, and the indications furnished by the contour of the head, and by the outlines of the face. Such observation, it will be found, tells much about the general condition which underlies the malady or ailment specially complained of, and will furnish most useful hints as to the line of treatment to be adopted; which, after all, is the *end* to which accurate diagnosis is the *means*.

A little puffiness under the lower eyelid may indicate the chronic Bright's disease underlying the bronchitis which is the prominent trouble for which the doctor is consulted; the hue of the skin often will furnish the clue to the toxemic neuralgia, which is very troublesome; just as a tortuous visibly pulsating artery will tell in all but articulate language of the gouty heart and its associated conditions. At present these remarks apply to a patient as seen with his or her clothes on. When a patient walks into the consulting room, the first thing to be done is to look at him. Look him or her carefully over, and if you will do this with sufficient care you will soon be surprised to find out how much you can see.

The more the eye learns to see, the more it can see, and will see. The education of

*Plural of "semeion" (Greek), meaning "sign."—Ed.

the eye is most important to a medical man; it cannot be forgotten or mislaid like an instrument; it is of incalculable value when the patient is unconscious or deaf; or a foreigner whose language the doctor does not know, and who does not speak the doctor's language. The careful education of the eye is invaluable in all these cases. Further, it spares much waste of labor often, and puts the practician on the right track in many obscure cases. Especially is the information so furnished valuable as to certain diathetic and cachectic conditions which underlie the malady of which the patient mainly complains. The physiognomy of Graves' or Basedow's disease almost forms the diagnosis. The blurred outlines of some faces tell of mitral disease as well as the pallor of others of the large white kidney.

Some General Considerations to Attract Attention

General Appearance.—The first object to note is the general appearance of the patient, which tells the sex certainly, the age approximately. If obese, there is no question of wasting disease; if florid, there is no anemia; if pallid, there is no vascular fulness; if emaciated, then phthisis, dyspepsia, diarrhea, cancer or female troubles may be present. There may be dropsy present, as seen in the swollen feet or bloated features; or, if it be abdominal, the unfastened gown or gaping vest tell us quickly in what direction to inquire. The general appearance will tell us whether the patient is fairly well generally, whether broken down by disease, or how far enfeebled—will indeed tell us roughly how "ill" the patient is, and direct our examination.

Attitude.—The patient may be bowed by sheer debility, or by abdominal pain, or spinal disease, or bent to one side in order to give some part rest, or in pleurisy, when the patient bends to the affected side so as to lessen the friction of the two inflamed serous surfaces. There is the pale, thin, cast-down and unhappy-looking woman with dyspepsia and trouble of various kinds in her reproductive organs; there is the panting patient with raised shoulders, who has chronic bronchitis and emphysema legibly written upon the figure.

It is well to study types, or well-marked varieties of disease, which spares much time, in office practice especially; as, once the type well organized, it is easy to find out the peculiarities of the individual patient. The eye learns a certain type of persons with persisting lithiasis, and this will often bring order out of the chaos of a multitude of subjective symptoms. In chorea and the tics, of course, the movements make the diagnosis. Then there is tremor, which is well seen in anemic women who take tea to excess. It is also well marked in chronic alcoholism, when the tremor of the different muscles, and the unsteadiness of the carriage, often tell what the patient endeavors to conceal.

Physiognomy.—There is the bowed-down look of cerebral anemia; the depression of melancholia; the excitement of mania; the elation of dementia præcox and the earlier stages of general paresis, and the worn look of mental worry or anxiety are all visible enough. There are the general evidences of nutrition and a well-fed nervous system, usually with a full pulse; and the muscular listlessness of malnutrition, with a soft compressible pulse.

Diathesis, and What it May Tell the Doctor

Diatheses.—The diathesis, the inherited constitution of the patient, is of the utmost importance. The gouty or sanguine arthritic diathesis presents the following features: a well-developed osseous system; firm muscles, carriage erect, a generally robust appearance; nutrition active; digestion usually good; respiration deep; large heart, with florid skin, usually; large head and lower jaw, with solid teeth. The pulse usually is firm and steady and blood-pressure high. Disease of the vascular system, the gouty heart, with its almost innumerable associations, is common with this diathesis; and high blood-pressure leads to atheroma as a permanent condition, and a hypertrophied left ventricle,

with or without valvular disease, ending in decay and fatty degeneration of the heart-walls.

The Strumous Diathesis gives an imperfectly developed osseous system of a retrogressive type, either toward the infantile or a lower ethnic form both as to cranium and other bones. The bones of the thorax are small, the shafts of long bones are slender, while their epiphyses are large in the large bones (double-jointed as folks say), while the hand is unsightly. The forehead often is lofty and prominent; there is a certain fulness of the lips and alæ nasi, with long silken eyelashes, and in very bad struma ophthalmia tarsi. The teeth are carious, the lower jaw often light and thin. Hair is fine and thin, often of a light hue. The skin often is moist with acid perspiration. Then there is defective nutrition of the tissues. Diseases of the bones, morbus coxarius, rickets, spinal curvature occur in childhood, or enlarged mesenteric glands, or a lardaceous liver; after puberty pulmonary phthisis and cervical tubercular adenitis appear. Women of this type often have children quickly and then die off prematurely. The tubercle in all its forms, from meningitis in childhood to phithsis in adult life, is found with the strumous diathesis. It is always difficult to maintain the nutrition in this class of patients; and whenever there is disease of the osseous system or of the lungs, it will demand careful and prolonged treatment. Syphilis usually is severe in strumous subjects.

The Nervous Diathesis furnishes a class of small beings rarely endowed with fat. Small, active, restless, unwearing beings with a small osseous framework; but with more muscular power than one would credit to their size. They are very energetic, and usually willingly carry others' burdens as well as their own. The forehead is high, and there is a well-vaulted skull, with small well-formed features and an active-looking eye. They are the commonest subjects of overwork, and their nervous system often falters from the excessive demand upon it. They are liable to visceral derangements, especially dyspepsia and constipation. They are difficult to treat, being either intensely susceptible to narcotic agents or requiring them in huge doses.

The Bilious Diathesis manifests itself in a dark skin with black hair, often with a yellow tinge on the conjunctiva. Persons of this class may be large or small, active or indolent, according as the bilious element is blended with the gouty, nervous or lymphatic diathesis. When associated with the strumous diathesis, the product is a being in which, if once tuberculosis set in, it goes rapidly downward. Bilious individuals do not usually put on fat, and hydrocarbons are not well assimilated. It is in these persons that we most commonly find localized spots of pain, which can be covered by the thumb at or about the lower inner angle of the scapula; which knowing old doctors tell us mean liver and kidney. They are quite right; but why a waste-laden blood should give rise to these spots of pain is as yet an unsolved problem.

The Lymphatic Diathesis expresses itself in creatures the antithesis of those nervous, large, unenergetic, listless beings of the socalled "fat-cow" type, usually. They are always below par, and require to be whipped with large quantities of rich food and stimulants in order to possess an approach to a sense of energy. They usually have a large osseous framework, but their muscles are soft and their intellects inactive. They are not usually florid, being commonly pallid. They are never well in low-lying districts. They require active treatment of a stimulotonic character in their illnesses; and depressants are badly borne by them. Women of this diathesis are liable to menorrhagia, and almost always have leucorrhea; and in parturition are liable to flow profusely.

Cachexias and Changes in the Skin's Color

Cachexias.—With each form of diathesis may be superimposed a cachexia. The gouty individual may be anemic; the strumous person may have gout; the nervous individual may be subject to malarial cachexia; or the lymphatic individual may

have acquired syphilis. In all such cases it is necessary to keep in mind the diathesis as well as the cachexia, and to allow for both in the treatment adopted.

Hue of the Skin.—This may be deepened in plethora; in the gouty heart with atheromatous arteries the face usually is red; when the hue is purplish, then there is venous congestion. Purplish congestion of the face with hurried respiration in pulmonary phthisis indicates much invasion of the lungs, and is of the worst prognostic omen. Circumscribed redness of one or both cheeks with abruptly defined borders is diagnostic of acute pneumonia. Then there is a peculiar blueness of the nose, lips and cheek-bones which is seen in some persons who resort to chloral. Pallor is still more common. There is simple pallor due to anemia, whether caused by malassimilation or defective food, or by a drain, as diarrhea, menorrhagia, with or without leucorrhea, repeated epistaxis, or loss of blood from hemorrhoids or any other cause. The hue is more cachectic-looking and yellowish in cancer. Then Bright's disease has its own pallor in large white kidney with unnaturally smooth skin in middle-aged ladies or comparatively young men. In older persons the skin is wrinkled more than is natural. In both cases it is abnormally dry.

The Expression, and the Story of the Eye

Expression.—There is the choleraic face, ashen in hue, with sunken eye, and livid shriveled skin. The Hippocratic face is pale, of leaden hue, with sunken eyes, eyelids separated, cornea dull, the nose pinched, the temple hollow, and the lower jaw falling. This is the face of death, and when well marked, no recovery is possible. In peritonitis the upper lip is raised so as to expose the front teeth in a manner which is quite unique. Like the twitch of abdominal pain which flits over the face, producing a twitching of the lips and contraction of the eyebrows with a frown; it must be once noted, when it can never be forgotten. This twitch is peculiar to disease below the diaphragm, and is best studied in the face of the parturient woman when the pains come on, especially in the second stage of labor. The face of the hectic, the wasting, the general pallor, with the bright-red spot over the cheek-bones, the quivering of the nostrils, all suggest in the language of the author of "Guy Livingstone" that "consumption has hoisted the bloody flag of no surrender!"

When a consumptive patient has not been seen for some time the condition of the hair often is a certain index of the general state and condition. In some cases isolated, very white hairs are found scattered through hair of raven blackness. In observations made in the dead-house of Vienna in such cases there was always some pathologic change in the kidneys; though these were not so advanced as to be a factor in the production of death in most instances.

Eyelids.—The eyelids may be edematous, especially the lower eyelid. The edema under the lower eyelid, seen distinctly on getting up and largely disappearing during the day, is associated with chronic Bright's disease. A dark pigmentation of the eyelids is not unusual in pregnancy where pigment changes are common. It indicates pregnancy, in some women, at a very early period.

The Eye Reveals Much to the Observant Man

The Eye.—The eye tells a great deal and should be carefully studied. It is oblique in many idiots or imbeciles, a sort of Mongolian type. In exophthalmic goiter the eye is very prominent although this protrusion may be due to retrobulbar growth—especially if it be unilateral. The eyes are of great interest in their relation to disease of the nervous system.

Eyes bright, pupils contracted, the neighboring muscles contracted: these point to a brain-condition varying from mere excitation to inflammation. Eyes dull, expressionless, pupils dilated and immobile: cerebral congestion, especially if the patient be drowsy, going into a comatose condition. Eyes full and prominent, puffy face and outstanding veins: apoplexy. Or, in this condition, we may find the eyes turned

toward or from the paralyzed side, the latter if convulsions have occurred.

Strabismus, optic neuritis, irregular pupillary dilation, are seen in meningitis. Nystagmus is seen in meningitis and multiple sclerosis or other intracranial disease. Bluish sclerotics and dilated pupils: danger of pulmonary tuberculosis. Effusion of blood into lower lid: cranial fracture. A squint is often significant of hydrocephalus in infants; a momentary squint at first, but becoming more persistent as the case moves on to its end. Where I have been doubtful of its existence and yet strongly impressed of its presence, I have found photography to bring it out strongly. A squint often develops in brain disease of adults also.

The conjunctiva may be stained yellow in jaundice or biliousness; or be pearly white in certain cases of Bright's disease. Then there is the arcus senilis; when it has badly defined edges and the cornea is hazy and cloudy from fat-granules scattered over its surface, it is very significant of tissue-decay.

Taking the pupils, we often find evidences of inflammation from the iris. Find out whether it is tubercular, syphilitic, rheumatic or gouty. We also find in tabes irregular pupillary response to the action of light, the socalled Argyll-Robertson pupil. Contraction of one pupil often is found in aneurism of the aorta. Severely contracted pupils may mean hemorrhage into the pons Varolii. In apoplexy the pupil of the paralyzed side may be dilated, usually, but not always. In convulsive seizures the pupils may be widely dilated, contracting again when the attack is over; but if effusion be present they remain dilated.

Gaze.—The secret drinker rarely has a steady eye. The averted look often is significant when a question involving morals is mooted. In insanity the eye tells of the gloom of melancholia, the excitement of mania, or the elation of the earlier stages of dementia præcox or general paresis. Then there is the glare of persecutory hallucination or the vacant gaze of dementia. It is always desirable to watch the patient's eye. In all relations of life a struggle for mastery is unconsciously going on; and the eye will generally tell when the patient is going to be obedient; and also when the doctor has got the worst of it, and the patient does not intend to follow the proffered advice. And a doctor has always practically failed when he feels that he has not sufficiently convinced the patient to make him or her obedient.

Some Other Facial Signs of Disease

Nose.—The nose often has its tale to tell. The nostrils play and quiver in thoracic disease or conditions of nervousness. When the bridge is sunken, if we can exclude trauma, inherited syphilis is suggested. Then the alæ may be full, as in struma. The tip is red and tuberous in chronic alcoholism.

Lips.—In strumous children the lips are fuller than usual. The lips are apt to become fuller and coarser in an individual after prolonged sexual indulgence to excess. Scars at the angles of the mouth are always pathognomonic of syphilis.

Gums.—The blue lead line along the gum margin of the teeth puts the observer on the right track in lead-poisoning. A spongy state of the gums is found in purpura and scurvy or in mercurial poisoning.

Teeth.—Strumous persons usually have decayed teeth, with a bluish hue around the caries. The massive, well-formed teeth of the gouty diathesis often furnish most useful indications about the patient. The notched incisors of Hutchinson often furnish useful indications in regard to the syphilitic diathesis in children.

Chin.—A massive, square chin usually goes with a good physique and is part of the well-developed osseous system of the gouty. A small, light, slender chin and jaw goes with the nervous or strumous diathesis. A massive chin indicates, usually, a strong constitution, while a small chin indicates delicacy. A prominent chin goes with the full underlip of those of light morals.

Facial and Other Vascularity.—The vascularity of the face has been alluded to before, so far as it indicates plethora by redness or anemia by pallor. At times

little dendritic twigs are seen where the tiny arteries pierce the skin and show upon the surface. These dendritic arterial twigs are part of the atheromatous changes which accompany the gouty heart. A hard radial pulse, hypertrophic left ventricle, accentuated aortic second sound are the associated conditions; the urine is copious, and the patient commonly gets up at night to urinate, and aortic dilation, apoplexy, aneurism and angina pectoris are all commonly found therewith. As the heart fails, there is arterial anemia with pallor, venous fulness with lividity about the lips. Then there is the expressive temporal artery. In aortic regurgitation the diagnosis may at times be made by observing its pulsations.

Nervous Supply.—The face may be distorted by paralysis with the features usually drawn toward the sound side. Inability to close an eye or ptosis usually indicates intracranial disease, while facial paralysis, if alone, may be local and peripheral. Then there are the tics which intermittently convulse the facial muscles. Idiots and imbeciles often have oblique eyes and the face simulates the Mongolian type. There are semilunar folds of skin at the internal canthras of the eye. The lips are thick, especially the lower one; often they are marked by transverse fissures; also they often are deficient in muscular power, so that the saliva dribbles. The angle of the jaw is obtuse and simian, while the ears are usually placed far back. The mouth is arched, the tongue large and fissured.

What the Ears and Neck Reveal

Ears.—The red lobe, full and glistening, is common in gouty persons in middle age. A wrinkled earlobe with a face seamed with wrinkles usually goes with extensive chronic visceral cirrhosis.

Neck.—The thyroid may be enlarged with simple goiter or with the accompaniment of Graves' disease. It may show tubercular adenitis. The arteries may pulsate violently in aortic regurgitation, or the tugging of the trachea may indicate thoracic aneurism. Pulsation of the jugular veins indicates regurgitation of venous blood on the systole of the right ventricle, with or without tricuspid incompetency.

Signs of Respiratory and Abdominal Disease

Respiration.—This may be hurried and shallow from nervousness or be associated with pulmonary phthisis. It may be deep and labored, with chronic bronchitis and emphysema. When the rate of respiration exceeds the normal ratio to the pulse (1 to 4), it always indicates respiratory disease.

Abdomen.—This is fuller than natural in pregnancy, ovarian disease, large uterine fibroids, in hydatid of liver, ascites in amyloid disease of the same, especially in boys, cancer in older persons, and in liver enlargement from alcoholism, also if tympanitically distended.

Clothes.—The arrangement, or the want of it, of the clothes often gives useful information. When there is failing brain-power the clothes are not attended to properly. The drunkard becomes first dirty, then ragged. The same neglect is seen in brain-disease, where the coat-collar is not turned down, or the vest is buttoned awry, or the trousers are partially unbuttoned.

Twitch of Abdominal Pain.—This is well marked in many cases. There is a contraction of the forehead like a frown, with a twitch of the lips which is most expressive. The facies of acute peritonitis has the upper lip raised so as to expose the front teeth.

The Tongue Has Its Own Story

Tongue.—Much may be learned from accurate observation of the tongue; how much a few very old practicians perhaps alone can tell. In the treatment of phthisis inspection, minute and scrutinizing, of the tongue is far more important than the wielding of the stethoscope, however skilfully done. The ear gives us much information as to the amount and nature of the disease, the eye gives information, often priceless, as to the precise line of treatment to be adopted; for the tongue is the index of the state of the intestinal canal, and, if the *primæ viæ* are disordered, they must be put right before any other therapeutic measure can be safely adopted.

Tremulousness of the tongue may denote alcoholism; and, less frequently, lead or mercurial poisoning. This same condition may also denote muscular weakness. When seen in the early stages of typhoid fever, it indicates a grave condition of bad prognostic omen. In hemiplegia the tongue, when protruded, turns its apex to the paralyzed side. Dryness of the tongue is found in toxemia, pyrexia, diabetes and other forms of polyuria. It is swollen and indentated in debility, menorrhagia and acute prostration. Usually a furred or coated condition of the tongue denotes disturbance of the digestive organs or the oncome of acute disease, especially the specific fevers.

As a rude index of the condition of the gastrointestinal canal the state of the tongue furnishes valuable information. Where the coat is thick, it is evident that absorption of food from the intestines must be very imperfect through the layer of dead epithelia cells, and our efforts must be directed toward removing this obstructive layer. When the tongue cleans, then we know that absorption and assimilation is going on satisfactorily. When the tongue remains coated, we aid the natural efforts to remove the fur with a mercurial laxative, best united with some vegetable cholagog, as podophyllin or iridin followed by saline laxatives, and repeated to effect. In scarlet-fever the tongue often assumes a strawberry appearance. In almost every case of indigestion with a furred tongue constipation is present, and must be considered in the therapeutic plan.

The raw, or bare, tongue is a condition that, I am afraid, does not often receive the consideration which, from its gravity, should be accorded to it. Here the superficial structures of the tongue are denuded, more or less completely, of the natural epithelium. Both in acute and chronic conditions the absence of the epithelial covering, whether slight or considerable, should receive the keenest attention of the practician. As long as the tongue is raw or bare, the line of treatment to be followed is that of bland, unirritating food, with alkalis and sedatives to the gastrointestinal tract such as bismuth, etc. As long as this condition remains, tonics are useless and are not assimilated. It is comparatively easy to get rid of the layer of dead epithelial cells of the coated tongue, but it often taxes all our resources to restore the ephithelial coat to its integrity when the tongue is raw.

The surface of the tongue must be observed. The fissured tongue points to chronic disease, usually, possibly a lesion of the kidneys, inflammatory in character. This condition must be distinguished, however, from the fissured condition which occurs in the tongue of those persons who habitually take all their drinks hot. Deep fissures or plaques are suggestive of syphilis. In certain cases of menorrhagia there is a peculiar silvery sheen and the tongue is broad and swollen.

Buccal Cavity.—Here come in the roof of the mouth, the soft palate, uvula and pharynx. Eruptive disease may manifest its presence in these regions before appearing upon the external surface. Variola, measles and German measles often show their red spots here. Here too and on the buccal surfaces are the minute bluish spots of Koplik. Here of course we also have the specific manifestations of diphtheria.

And now, Gentlemen, I have reached, not the limits of this subject by any means, but the limits of this article, and, perhaps, the ultra-limit of your patience. I only hope that kindly patience may be rewarded by a small portion of the benefit that the writer has received from the efforts at recollection, research and arrangement which its preparation has necessitated.

THE TONGUE AND WHAT IT INDICATES

What this important organ may teach the physician with regard to diagnosis, and suggestions that it may make him with regard to the treatment of abnormal conditions

By R. W. HALLADAY, B. A., M. D., C. M., Hurry, Alberta, Canada

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AN examination of the tongue is very frequently of considerable value, both as regards diagnosis and treatment. Although the "coating" is usually the main consideration, yet much may at times be learned from its abnormalities in position, its size and shape, whether it be anemic in appearance or hyperemic, etc.

1. *Position.*—The most common displacement is to the side (as in apoplexy), though occasionally the tongue is elevated, as a result of sublingual inflammation.

2. *Size.*—Enlargement: Acute, associated with pain and fever, means inflammation of the tongue itself. Atrophy: A lesion of the lingual nerves, leading to wasting of the muscles of the tongue.

3. *Loss of Substance.*—(1) Injuries (burns, etc.); (2) ulcerations, as in tuberculosis and syphilis; (3) malignant disease.

4. *Coatings.*—The coating consists of epithelial scales, fungi and food particles. Its presence usually denotes some local or constitutional trouble, although occasionally an individual presumably in perfect health may show a grayish deposit on the posterior portion of the organ.

(*a*) The tongue of hyperalkalinity:

1. Deep-red, dry, contracted.
2. Raw, slick, beef-like.
3. Smaller than usual, and showing a central brownish stripe or fissure.

Indications: Nitrohydrochloric acid, dil., 10 minims three times a day, well diluted, after meals.

(*b*) The tongue of hyperacidity:

1. Broad and pallid.
2. Coating, pasty, yellowish white.

Indications: Sodium bicarbonate, 5 to 10 grains thrice daily and at bedtime.

(*c*) The tongue of sepsis is brown, or almost black—"dirty looking" in short—and liable to be parched.

Indications: Remove cause, cleanse bowels with calomel and salines; keep clean with the sulphocarbolates; push calcium sulphide, echinacea and nuclein.

(*d*) The tongue of typhoid and typhoidal condition:

1. *Early.* Small, pointed, coating white, rather red at tip and edges.
2. *Later.* Remains small and pointed, the center of the tongue becomes a dry fissure, the tip and edges remain red, but the white-coating turns rough, brown and furry.

Indications: Calomel, salines and the sulphocarbolates "to effect." Baptisin, gr. 1-3, may be added to advantage. Keep the mouth moistened with a solution of a mild alkaline antiseptic in water and glycerin. Keep down fever with sponging and aconitine.

(*e*) The tongue of subacute and chronic gastritis, duodenitis and upper enteritis is rather broad, atonic, somewhat swollen and usually shows a yellowish coating.

Indications: Keep the intestinal tract clean with calomel and salines, twice weekly. In the intervals cascara sagrada, 1 to 5 grains thrice daily, before meals. After meals papayotin. If there is flatulence add the sulphocarbolates; lavage, daily or weekly according to the severity of the case, is of great aid.

(*f*) The tongue of functional digestive inactivity is thin and shrunken.

Indications: Quassin before meals. Cascara or anticonstipation granules after, bile salts in the intervals.

(*g*) The tongue of diarrheal conditions is long and pointed with prominent papillæ.

Indications: Calomel and salines, followed by the sulphocarbolates and, if necessary, cotoin.

(*h*) The tongue of anemia is pale, coating either absent or easily detached.

Indications: Regulate *primæ viæ*. Arsenates of iron, quinine and strychnine, with nuclein. If trembling of the tongue coexists, the hypophosphites are excellent.

(*i*) The tongue of chronic inflammatory conditions, such as of the kidney, is fissured and may show the pinched appearance of functional digestive inactivity.

Indications: Revise the diet, cleanse the bowels, hot applications over the kidneys. Give arbutin, sodium benzoate.

(*j*) The tongue of chronic malaria is sometimes yellowish, the patient complaining of a bitter state. In severer states the tongue and palate are dark and show spots of pigmentation.

Indications: Regulation of the *primæ viæ*. Quinine arsenate, salicin, piperazin.

(*k*) The tongue of diabetes is irritable, very red, often cracked, may even be fissured if nephritis coexists.

Indications: Codeine, aspirin, revision of diet.

(*l*) The tongue of scarlet-fever is small and pointed, the tip and edges are red, the enlarged papillæ show as bright-red spots through a yellowish coating.

Indications: Calomel and salines. Intestinal antiseptics, calcium sulphide, nuclein, mouth wash of hydrogen peroxide, 33 percent.

(*m*) The tongue of Addison's disease passes from pale to icteroid, to bronze, even to bluish black.

Indications: Regulate and keep bowels clean. The arsenates, with nuclein, adrenalin solution (1 in 1000), 10 to 20 minims thrice daily, absorbed from the mucosa of the mouth

(*n*) The tongue of scurvy is pale, flabby and swollen, though it may be red.

Indications: Tartaric or citric acids. Acid fruit juices, sodium lactate, 20 grains three times a day. Mouth wash of potassium permanganate.

COLICS, AND HOW TO TREAT THEM

A class of ailments which the doctor sees nearly every day, but about which the text-books say almost nothing. What cause them, what they may mean from the clinical viewpoint—and how to treat them

By WALLACE C. ABBOTT, M. D., Chicago, Illinois

ONE of the most common affections that man is heir to is intestinal colic. Few people escape. From the youngest infant up to and beyond the Biblical threescore years and ten, every person suffers from this ailment sooner or later, and most individuals many times. And yet this common ailment, which every busy doctor is called upon to treat almost every day in his life, is hardly described at all in our leading textbooks. In six of the leading works on Practice which I have examined closely "intestinal colic" is not even listed in the indexes.

Colic is Little Discussed in Textbooks

Look through the index of Osler's "Practice," and you will find that in that splendid volume of nearly 1200 pages there is no reference to intestinal colic, enteralgia or enterospasm—at least not under these names. The same is true of Strumpell. Anders does not refer to colic and has only a brief paragraph about enterospasm, a little more

about enteralgia, and nothing concerning the treatment of either. The other standard authors are little if any more definite, and even the special textbooks upon diseases of the digestive tract give scanty space to the subject. The textbooks upon diseases of children give "colic" somewhat more consideration, but even in these it is not adequately discussed.

This paucity is certainly remarkable when the commonness of this trouble is considered, as well as its importance both from a diagnostic and therapeutic standpoint.

It is also remarkable that there seems to be among medical writers considerable confusion as to its exact nature. Thus, for instance, one well-known author uses the terms "enterospasm," "intestinal cramps," "enteralgia" and "intestinal colic" as synonyms, and yet technically speaking enteralgia and enterospasm are entirely different things. All of this confusion seems to rest upon a misunderstanding of the real nature of intestinal colic. Both enteralgia (bowel pain) and enterospasm (bowel "cramps") are merely symptoms, one a motor, the other a sensory one; and both are present in colic. The spasm of the intestinal muscles causes pain; but the pain is also dependent upon the degree of irritability of the sensory nerves and may be out of all proportion to the spasm.

What Are the "Factors" in Intestinal Colic?

Intestinal colic, therefore, is a painful spasm of the intestinal muscles. The two most important factors are the spasm and the nerve-irritation pain. This spasm may be diffuse or localized. If it is diffuse there results a spastic contracture over large areas of the intestines, which may be so intense that the intestine is entirely collapsed and becomes a mere cord-like substance. We may find this condition, for instance, in some forms of meningitis and in lead colic. When large areas of intestine (the small as well as large) are collapsed we observe the retracted, or boat-shaped, abdomen which is characteristic of the affection just named.

In most cases of colic, however, there is distension of the bowel. (It is often called *flatulent* colic.) This is usually the result of obstruction or spasmodic contraction at some point or several points along its course. Naturally the feces and more or less gas collect above the contracted portion and cause distension. There may be in the same patient several of these areas of annular contraction and of pouching. In most cases, however, there is but one point of spasmodic closure. This may be in or about the ileocecal valve or along the course of the colon. When this spasm is relaxed there is passage of flatus, the distended portion is somewhat relieved of tension and the patient feels better, temporarily at least.

Things Which May Cause the Summer Colics

These colicky attacks usually are due to intestinal indigestion, and they are peculiarly prone to occur during the summer season. When coarse or indigestible food is taken, it may act as a direct irritant to the gut, or toxic or irritant substances may be produced within the bowel which by their action upon the sensory nerves of the intestines bring about the spasmodic contraction, these being an exaggeration of the normal peristaltic movements. Also, mechanical obstruction at a given point in the bowel, as by a constipated fecal mass, a "knot" of intestinal worms, a gallstone which has become the center of a fecal enterolith, may cause irritation at the obstructing point, the "back-up" of gas and bowel-contents tries to force its way through, and the result is a spasmodic attack—"colic." An attempt to force a passage by the use of strong cathartics very frequently precipitates the trouble. If the spasmodic action is only mild in degree, it may act as a natural antidote by causing increased peristalsis and diarrhea, thus quickly emptying the bowel of its irritant contents. Upon the other hand, if the spasm is more intense, somewhat spastic in character, the bowel is locked, and the result is constipation. This is the rule in true intestinal colic.

Other causes of intestinal colic are chilling of the skin, iced drinks and toxic conditions of the blood, due to disease elsewhere.

The most prominent symptom of intestinal colic is the intense pain, which usually centers about the umbilical region. This often is agonizing in character, the patient being veritably "doubled up." It is boring, shooting, becoming at times more severe; then is relieved by the passage of flatus.

The pain of intestinal colic, unlike that due to inflammatory causes, is relieved by deep pressure. (There are exceptions, as when there is great "bloating.")

The patient's pulse is small and sometimes feeble; his face is pale and anxious; the skin is bathed in a cold sweat; and he may suffer from nausea and vomiting.

An associated symptom, often present, is rigidity of the abdominal muscles. In appendicitis-colic this becomes one of the cardinal symptoms. In severe cases there may be cramping of the muscles of the leg and rarely in other portions of the body. There is no rise of temperature.

The Indications for Treatment in Intestinal Colic

The principal indications for the treatment of intestinal colic, therefore, are (1) the removal of the irritant, (2) the relief of pain and the relaxation of the spasm.

Removal of the Irritant.—This calls for prompt emptying of the bowel. Not "any old" cathartic can be used for this purpose, however; indeed, few are serviceable since those which greatly stimulate peristalsis will almost inevitably make the condition worse. Many a case of colic is brought on by the indiscriminate use of purgatives when there is a considerable fecal accumulation. In most cases an enema should be given to unload the rectal pouch. If it is given hot (110°F.) it will help to relieve the pain. If examination reveals fecal masses in the colon the high enema should be given. In some cases the fluid may with advantage be olive oil (warmed) in place of the warm soapy-water enema usually employed. In babies, especially, a simple enema of warm salt water or chamomile infusion is effective and may be all that is necessary to give relief. In severe attacks the addition of a few drops of oil of turpentine often works like a charm.

Internally effervescent magnesium sulphate, given after the lower bowel has been emptied by the enema, is usually the best cathartic; it acts quickly and without exciting undue peristalsis. Castor oil is well adapted to these cases, and in babies a teaspoonful of olive oil does nicely. Small repeated doses of atropine, by relaxing spasm, will aid in bowel-action.

After the attack has passed, regularity of movements should be attained with the anti-constipation granule.

Spasm and Pain.—Whatever relaxes the spasm usually relieves the pain. The only exception worth noting is in hysteric cases, when there is excessive nervous irritability.

The Carminatives—How They Act

The simplest remedies for colic are the *carminatives*. These comprise both the aromatics, such as anise, fennel, ginger, mustard, capsicum, peppermint, cajeput, etc., and the anesthetics, such as chloroform, ether (Hoffman's anodyne), etc. According to Brunton they stimulate the passage of flatus, thus (1) removing the "pain and distension of stomach and intestines caused by flatulence," and (2) "render peristaltic action regular and diminish local spasm and pain depending upon it."

How they act seems obscure; indeed, no work on pharmacology explains it. I submit the following for what it is worth: Carminatives act: (1) By their local stimulant action upon the mucosa; they bring about a filling of the vessels, *uniformly*, thus relieving areas of congestion; this makes for *vascular equilibrium* and uniformity of peristaltic action and bowel-secretion throughout. (2) These substances all have an anesthetic action, in greater or less degree; and probably acting in this way, through the blood, serve to relax the spasm in the affected areas. That the action is not purely a local one is shown by the fact that often they are effective when applied to the skin, over the affected area; note the turpentine stupe, the spice poultice, the applications of aromatic oils for the relief of pain. All the aromatic

oils are also antiseptic and serve to check bowel fermentation—an important factor.

In this connection remember the value of local applications. Even a hot iron, a warm stove-lid or a hot-water-bag "helps." Turpentine stupes and mustard drafts give great relief, while baby's colic often yields to rubbing the little abdomen with warm olive oil, either camphorated or with the addition of a little oil of cajeput, say one part to eight of the olive oil.

While the carminatives are often used alone, as when we give the baby for its colic a little anise or mint water, or to one a little older a drop of oil of cajeput on a lump of sugar, or baby's father a little "Jamaica ginger" or "hot drops" for his "cramps in the stomach," in severe cases, and even often in the milder ones, more powerful remedies are desirable.

The best *antispasmodic* here is hyoscyamine or atropine. In severe cases this may be given hypodermically, to full physiologic effect; this is better than filling the patient full of morphine, which should not be used unless it is imperatively needed, because of its tendency to lock up the bowels—and constipation is very likely the cause of all the trouble. Atropine is *the* remedy when there are areas of diffuse spasm with contracted gut and retracted abdomen.

In ordinary cases, however, a combination of the carminative and the antispasmodic is desirable. To this may be added other indicated remedies. For instance, with pallor of the skin and feeble circulation we should give glonoin and strychnine arsenate; with excessive nervous irritability (and remember that the "nervous cases" are the most troublesome) we may add such sedatives as cicutine, scutellarin or nickel bromide; with marked flatulence, showing much fermentation, or with foul-smelling stools give intestinal antiseptics such as the aromatic oils and sulphocarbolates; if there is undigested food in the stomach (frequently the case in young children) give an emetic or empty it with the tube.

Many combinations will suggest themselves. Such a one is the antispasmodic "triad," consisting of glonoin, gr. 1-250; amorphous hyoscyamine, gr. 1-500; strychnine arsenate, gr. 1-134. An excellent combination, useful when the direct pain-remover is desirable, is one of zinc sulphocarbolate, gr. 1; codeine sulphate, gr. 1-8; hyoscyamine (amorphous), gr. 1-500, and strychnine sulphate, gr. 1-134. When a still more decided effect is desired use a "chlorodyne" which contains morphine, cannabis, capsicum, menthol and glonoin.

For the colic of babies, after the preliminary enema and the oil-rub, nothing is more generally satisfactory than the well-known "infant's anodyne," or where the pure sedative without any opium salt is more desirable, use a combination of hyoscyamine, camphor monobromide, scutallarin, menthol, cajeput and anise. Babies' colic is almost always due to improper feeding, and when you have a little patient who suffers much it is your business to find the reason why.

To be sure there are occasionally severe cases where immediate relief is demanded. In such instances it may be necessary to resort to the hypodermic injection of morphine, or better, a hyoscine-morphine combination. But if your remedies are chosen judiciously it is rare that these more powerful agents will be required.

Of course after the pain is relieved and the patient fairly comfortable, your work is not entirely done. "Clean him up" thoroughly; see that all fecal accumulations are "moved out," and kept out, of the bowel; and sweeten up things with the sulphocarbolates. Often the nutrition is below par and blood-making remedies are indicated, such as some of the iron salts (as iron arsenate), a general tonic like the arsenates of iron, quinine and strychnine, with nuclein, or one of the prepared blood-preparations. Supervise the diet—improve nutrition. Those are things which should be carefully attended to, but we will not now go into these here.

It is of the utmost importance in treating cases of this kind to be *sure* of the nature of the condition you have in hand. Pain in the abdomen may mean any one of a dozen different and most serious diseases. Let us enumerate a few:

Appendicitis.—In this disease the pain often is mistaken for intestinal colic; early in the disease it is referred to the umbilical region but later is referred to McBurney's point, where there is tenderness. In appendicitis there is elevation of temperature and pressure increases the pain, instead of relieving it, as in colic. There is also rigidity of the right rectus muscle.

Early appendical pain may be treated with the antispasmodic triad (glonoin, hyoscyamine and strychnine), emptying the lower bowel with an enema and the upper tract with a saline laxative; but if relief is not quickly obtained, operate.

Hepatic Colic.—Often is mistaken for gastralgia and enteralgia. Pain is over the region of the gall-bladder; it is intense agonizing; radiates to the shoulder and over the abdomen; paroxysmal, depending upon location and movement of the stone; there is vomiting; usually little or no flatulence; tenderness of hepatic area; no fever, unless there be infection; slight jaundice, appearing late. Give the antispasmodic triad, with dioscorein, for the relief of pain, or the hyoscine compound if pain be very severe, as usually is the case.

Renal Colic.—Pain follows the course of the ureter to the testicle and inner side of the thigh; retraction of testicle; nausea and vomiting; tenderness on pressure; no bowel-symptoms; urine scanty and sometimes suppressed; frequent urination and possible vesical spasm and hematuria. Treatment: Hot baths, antispasmodic triad and the hyoscine-morphine combination.

Rheumatism of Abdominal Muscles.—Pain is in the muscles and is increased by motion; tenderness on grasping the muscles between the fingers; no special pain on deep pressure. Relieved by antirheumatic treatment—clean-out, sulphocarbolates, colchicine, salicylates.

Hysterical Hyperesthesia.—Pain is felt in the skin, which is very sensitive to touch and to pinching; deep, firm pressure not painful, though ovarian regions may be very sensitive; there may be hysterical tympany. Give camphor monobromide, cicutine, scutellarin, or suggest an emetic (apomorphine), and assure relief.

Lead Colic.—Occurs in those exposed, such as painters and workers in white-lead. Blue line on margin of gums; pain centered about umbilicus; abdomen retracted; persistent constipation. Magnesium sulphate the antidote; give repeated small doses of the effervescent salt. Relieve pain with atropine given hypodermically and to full physiologic effect. Potassium iodide as subsequent treatment, 5 grains three times daily.

There are many other things to be considered, such as gouty attacks; tabetic gastric crises; pancreatitis, occlusion of the bowel from strangulation, twists or invagination; inflammatory affections, such as peritonitis, enteritis, etc. Usually, if the abdomen is gone over carefully, there is little difficulty in diagnosis, but the doctor cannot afford to be uncertain; he must *know*, and knowing he must be prepared to do the right thing—*just what the condition indicates.*

Success in treating a case of colic may mean much—also success in diagnosing it, for I have a "hunch" that many an innocent appendix has been sacrificed because of an incorrectly diagnosed intestinal colic.

SUCCESS IN TREATING TYPHOID FEVER

The experience of a man who has treated many cases and who has found a method which satisfies himself, while pleasing his patients. The reason is—that it cures!

By W. F. RADUE, M. D., Union Hill, New Jersey

AS the time is close to hand when we, as physicians, shall have to get into harness to handle our typhoid-fever cases successfully, I shall again endeavor to give my experience in the handling of this disease. In looking over medical literature for the past year I was not the least surprised to read of the various treatments, with their successes and many failures, and not until the profession gets down to the fundamental principles of the "clean-out-clean-up-and-keep-clean" idea, will the percentage of failures decrease.

Etiology Less Important Than Diagnosis and Treatment

The tendency among physicians of late to discuss at length the various causes of this disease is a waste of time, serving no good purpose for the busy doctor; but for those of the profession who are interested in board-of-health and medical-inspection work it is necessary, in order that the sources of infection may be recognized and removed. For the family doctor, however, I think it essential that he have a thorough acquaintance with the various signs and symptoms of the stage of invasion, so as to be able to make a prompt and correct diagnosis, and so that his patient can be brought under the influence of the proper treatment as once. As this means a great deal for your patient and your own success, I would like to say right here: *Be sure you are right, then go ahead.*

First I should advise you to have a Widal-reaction test made in all doubtful cases, if possible. Even before you have made your diagnosis push your treatment at once to the full limit. Begin by giving a 1-6-grain granule of calomel every half hour for six or eight doses, to be followed by a saline laxative. After this give a dose of saline laxative every morning to flush out the bowels, and if necessary you may repeat the calomel every third day. Of course you must not give too much, but just enough to move the bowels two or three times in twenty-four hours. Some patients will require more and some less, and you must use your own judgment in the case.

As Intestinal Antiseptics give the Sulphocarbolates—Always "to Effect."

After the bowels have moved begin giving the sulphocarbolates, as intestinal antiseptics, in 5-grain doses, well diluted, every three hours day and night until convalescence. In many cases the above doses are sufficient, but in others you must double them to get the desired effect. I have in many cases given as much as 80 grains a day during the whole of the disease-period, or until convalescence, and only by doing so did I safely guide my patients through to recovery and health. The fact is, you must give enough to keep the stools free from all putrid odor, and when that end has been attained you may expect a favorable termination of your case, and rarely will you have any complications to deal with.

Again I will say, give the sulphocarbolates until "effect," then less often, as required. In cases where there is a tendency to looseness of the bowels you may substitute the zinc salt alone for a few days until the bowels are better, then resume the triple salts of sodium, calcium and zinc, although in some cases you may have to use the zinc salt throughout the disease, as I have had occasion to do in a few instances.

As to the temperature, this is generally reduced as soon as you get your patients under the influence of the intestinal anti-

septics, but in cases that still have a temperature of 103° F. you can in most cases reduce it below the danger-point by cold-water compresses over the head and abdomen. In many cases cool sponging of the whole body is grateful and very effective in reducing the temperature. In cases where the above means are not effective you may give the full warm bath, gradually cooled by adding cold water or ice to the bath. Repeat when necessary. In cases where the patient is robust a 5- or 10-grain dose of acetanilid, with caffeine, will bring the temperature down in a short time; but I should advise against all antipyretic treatment, excepting the hydrotherapeutic measures mentioned as being best for reducing the temperature, as they will not depress the heart as the coal-tar and other drugs will.

If for any reason you suspect that your patient has a malarial complication give him a 1-6-grain granule of quinine arsenate every two hours, or you may give a 1-grain tablet of quinine sulphate every hour until effect. In tympanites the turpentine stupe is very effective, applied whenever required. In the third week, when ulceration has taken place and hemorrhage is feared, give 5 drops of oil of turpentine in capsule every two or three hours; and if hemorrhage has actually occurred apply an ice-bag at once over the seat of the hemorrhage and then give the following: Silver nitrate, 1-6-grain granule; atropine, 1-250-grain granule; codeine, 1-6-grain granule. One of each every three hours for quick effect. Inject under the skin 1-50 grain of atropine at once and repeat when required. If perforation occurs, your only means to cure are surgical.

In wavering of the heart give cactus, sparteine, strophanthin, glonoin or strychnine, as you think best. For restlessness I find cicutine, 1-67 grain, and hyoscyamine, 1-250 grain every half hour, sufficient to procure rest and sleep.

As to diet, my plan is to give milk, two quarts a day, oatmeal gruel, raw white of an egg in ice-water, grape, orange and other fruit juices in moderation until convalescence, when you may gradually return to a semisolid, then a more solid diet. If the milk disagrees you may use the Fairchild's peptonizing tubes to predigest the milk, when it will be taken without trouble.

During convalescence give the patient one of the prepared blood-foods after meals, with 1-6 grain of quassin before meals, or you may give two or three tablets of the arsenates of iron, quinine and strychnine, with nuclein, after meals. Keep this up for six weeks or more. Other complications must be treated accordingly.

I can assure you, if you treat your cases as above outlined your patients will recover in one-half the usual time and complications will rarely occur.

THE TYRANNY OF SOCALLED AUTHORITY

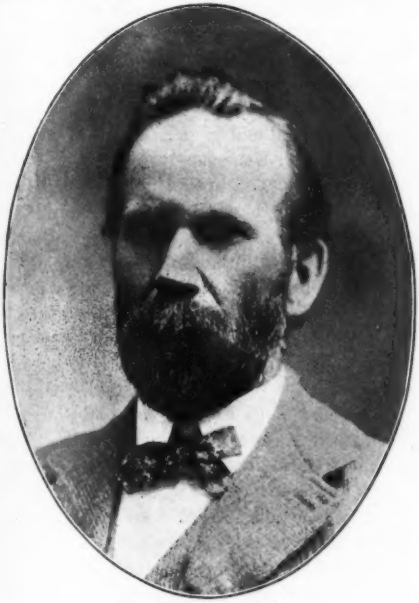
The age is one of doubt—doubt that leads to research, discoveries, innovations; that loosens the hold of "authority" and leads men to think for themselves. What of "authority" in medicine?

By B. E. DAWSON, M. D., Belton, Missouri

THIS is an age of doubt, doubt in almost every department of life. Party politics, religious creeds, social societies, and schools of thought no longer hold the grip of strong affiliation of former years. This is one of the most hopeful symptoms pointing to a favorable prognosis. To doubt is to think; to think is to investigate; to investigate is to look for truth; truth makes men free.

Every reformer was first a doubter and then an innovator. Luther, Calvin, Knox

and Wesley all began as doubters. So it has been, and ever will be, with scientists. Emerson says, "The reputation of the nine-



DR. B. E. DAWSON

teenth century will one day be quoted to prove our barbarism." This is true. We who are older quote the reputation of our fathers in bleeding, blistering, purging and starving their patients as being closely allied with barbarism. Some day our reputation will be quoted to prove the gross error and ignorance of our present methods. Have we reached the limit of progress? If not, are we to be content as followers? Knowledge is good but wisdom is better.

Knowledge and wisdom, far from being one,
Have ofttimes no connection. Knowledge dwells
In heads replete with thoughts of other men;
Wisdom in minds attentive to their own.
Knowledge is proud that he has learned so much;
Wisdom is humble that he knows no more.

Shall we let some one do our thinking and then joyfully accept what he proclaims? I cheerfully accept truth, it matters not by whom discovered, but I do not wish to be mentally trammelled by the *ipse dixit* of any little "leader", common council, committee, stickling school, or stringent state board. The rank and file of the profession are beginning to doubt these socalled authorities, and many have felt the sting of the ethical (?) lash. There was never a more sensible and timely article written by Dr. Gould than the one in the January number of CLINICAL MEDICINE, on "Vocation and Avocation," in which he said, "Success, ambition, politics, greed, conservatism—the dirty kind—are more certain to rule the minds and kill the hearts of men in control of large institutions than those of the small ones." This article is rich. I have been itching for a reply from some of the "high-ups," but have failed to see one.

Selfishness at the Bottom of Many Things

Selfishness is at the bottom of this whole business. You will find selfishness the motor and political chicanery the vehicle used by these self-seekers after leadership and places of authority. Selfishness is the tap-root of this wonderful tree that bears its fruitage of medical legislation, queer rulings of state boards, formation of councils, special committees, compact organization, and so

Dr. Dawson's Home

forth, and so on. Is there a thinking man among us who actually believes any of the past legislation was in reality for the protection of the "dear people?" We have an example in our Missouri legislature, a few years since, trying to protect the public from impure baking powder. Investigation found that a number of thousand-dollar bills were

passed around. One man high up, next to the governor, fled from the state, some were put behind bars, and others should have been.

The fight so maliciously waged against Dr. W. C. Abbott is certainly not promoted by a desire to protect the public, whatever motive may be behind it. Such subterfuges no longer deceive the members of our profession.

Viewing the other side, there never were such strenuous efforts put forth by would-be leaders, professors, councils, and committees to retain the grasp of socalled authority, as at the present time. This means the stifling of progress by blindly following the big blowguns. For several years after I began as a physician I was afraid to follow my own judgment unless I could show or point to some "authority" as a support for my treatment. I would feel much puffed up when a brother physician in consultation would remark: "You certainly have good authority for your management of this case."

Bah! Such a compliment. I wish to go to the bedside of a patient unfettered by the *dictum* of anyone. If I must depend upon the slavish authority of books and bumptiousness, the sooner I drop therapeutics and take up thinking, the better it will be for the suffering patients and the slavish physician. If my best judgment tells me this case needs, or would get the best results from, osteopathy (manual therapeutics), homeopathy or any other school or method, who has the right to contravene by battering my brain with the ethical club? I intend to be a free man and never a mouse.

However, I am optimistic, and believe men are doing more independent thinking than in any age of the world's history, and I wish to close with the same hopeful thought that introduced this article: that this is a doubting age, and that is pregnant with encouraging symptoms. An overdose often produces emesis—comes back and cleanses the stomach. We have been much overdosed with "authority." Such large doses as we have had, and are being prescribed by state boards, councils on pharmacy, societies and associations, whereunder we are not to use certain remedies, are not allowed to put up our own prescriptions, and so on, are beginning to produce nausea in most and have violently puked some of us.

Dictation and usurpation have gone far enough.

A TRIBUTE TO THE LIVING

An oration delivered at the banquet given to Dr. Stiles Kennedy, in St. Louis, Michigan, May 22, 1908, by the members of the Gratiot County Medical Society

By I. N. BRAINERD, M. D., Alma, Michigan

"If you have pleasant words and looks
To share with me, and if you have a tear to shed
That I have suffered, keep them not, I pray,
Until I hear not, see not, being dead."

ACTING upon the sentiment expressed in these words, The Gratiot County Medical Society, at its last meeting, decided to devote this meeting to bestowing "gentle words and looks" upon our beloved senior member, Dr. Kenndey, while he can yet hear and see. The best time to cast our bouquets to a man is while he can yet see them.

Nested among the hills of Marion County, Kentucky, is the village of Lebanon. It can today boast of a population of only 3043. It parades no metropolitan airs. It is the county-seat, and has railroad connections with Louisville and other cities by the Louisville and Nashville railroad, which meanders

as widely in Kentucky as the Pere Marquette does in Michigan.

On the Authority of the Stork

In this village, then but a hamlet, sixty miles from any railroad, a man-child was born on April-fool Day, in the year 1838. I have it upon the authority of the stork that this baby was very young when born, indeed, that no baby was ever born, so far as the stork knows, who was younger than this one was. The young baby's family-name was Kennedy, and he was afterward christened Stiles. And this is the Stiles Kennedy in whose honor we are assembled tonight.

As I figured it, he was seventy years old on the first day of last month, and a few years ago I heard him testify before the circuit court that he was past sixty years of age. The twinkle in his eyes apprised me of the fact that he was thinking of Dr. Osler's pun about chloroforming men upon attaining the age of sixty years.

As a boy Dr. Kennedy attended the schools of his native town. At fourteen years of age he was sent to Maryland to school, and the next year he was sent to an academy in Delaware. Here he was fitted for college, and was graduated. Then sickness overtook him and kept him out of school for two years. Even the balmy air of the Blue-grass State was not enough to heal him in less time. This interruption in his education caused him to abandon further studies in a college of letters; but a doctor-uncle of his persuaded him to undertake the study of medicine. Accordingly, in 1856, when he was 18 years of age, he entered the Medical Department of the University of Pennsylvania, and he was graduated therefrom in 1858—just fifty years ago.

In the University of Pennsylvania at the time was Dr. Geo. B. Wood, Professor of Practice. Is it any wonder that Dr. Kennedy *knows* practice? And Leidy, the anatomist, was there—Leidy, the great paleontologist. Pancoast was in the Jefferson at that time. And young Kennedy and the other boys used to go over to the Jefferson to hear Pancoast. "There were giants in those days." Great men leave their marks.

But Dr. Kennedy was a sickly young man, and so did not locate for practice. His father sent him into the West for his health. He traveled a year in Missouri, Arkansas, Texas, California and over the Plains. Somewhat bettered by this experience he went to Virginia where he had a sister living —into the Shenandoah Valley so soon to be battle-scarred. Here he located for practice in 1860. Momentous time, and history-making place.

The air was full of talk of war. In December, 1860, South Carolina seceded from the Union. In January, 1861, Mississippi, Alabama, Florida, Georgia and Louisiana went out, and on the first day of February Texas, the last of the cotton-growing states, went out. On the 12th and 13th of April, 1861, Fort Sumpter was reduced. On the 17th Virginia went out. Arkansas and North Carolina went in May. Tennessee went in June. The state of his nativity, together with Maryland, Delaware and Missouri, the remainder of the slave states, stayed in the Union.

Amidst the rush of events Dr. Kennedy was appointed by Gen. Jas. E. Johnston an assistant-surgeon in the Army of Northern Virginia, about May 1, 1861. This was the "Joe" Johnston whose timely arrival at the battle of Bull Run, on Sunday, July 21, 1861, converted a probable Union victory under McDowell into a most disastrous defeat, and who himself received a wound on the first day of June, 1862, which put him out of the service for more than a year. And this was the Joe Johnston who was the last man to surrender a large army in that fratricidal war.

An Antietam Episode

After the battle of Antietam, which occurred on September 17, 1862, when Lee fled before McClellen, Dr. Kennedy was left behind with six or seven hundred wounded soldiers. Here he fell into the hands of Gen. Pleasanton, an old-time rival in a less sanguinary battle.

After looking at him for a time Gen. Pleasanton said, "It seems to me that I know you."

Dr. Kennedy responded, "Well, I don't know."

Gen. Pleasanton asked, "Where were you educated?'

Dr. Kennedy answered, "At the University of Pennsylvania."

Gen. Pleasanton said, "I never saw you there. Were you ever at West Point?"

Dr. Kennedy answered, "No; but I'll tell you where we met. It was on a steamboat on the Mississippi River, in 1859, when we both fell in love with the same girl."

The General replied, "Yes, that's so, but neither of us got her."

This occurred while Dr. Kennedy was traveling for his health. Bitters are good for the health.

The scenes of Dr. Kennedy's boyhood, and early manhood, and particularly of his military service, brought him almost into touch with two soul-stirring poems. One was written by James Buchanan Reid, and was entitled "Sheridan's Ride." Do you remember that it was in the Shenandoah Valley that Sheridan and Early seesawed up and down until October 19, 1864, when Early with reinforcements attacked Sheridan's forces at Cedar Creek, while Sheridan was at Winchester, "twenty miles away."

The other poem was written by John Greenleaf Whittier, and is entitled, "Barbara Fritchie." In this poem Barbara is made to flaunt a Union flag in front of the victorious "Stonewall" Jackson.

Dr. Kennedy served with the army until the end of the war, and then he returned to his father's home in Maryland to practise medicine. In 1868 he went to Newark, Del., to practise, and in 1871 he removed to St. Louis, Mich., where he has been in continuous practice until the present time. It will be remembered that Dr. Kennedy once left school because of ill health, and traveled in the West. He was still a sickly young man. He could not endure the hot weather of Maryland and Virginia. So he left the clime of Barbara Fritchie and Sheridan's Ride, and came to St. Louis to seek health among our snows and mineral waters, in 1871, as I have said.

The next year he went back to his former home in Delaware, to take to himself a wife. To them were born three children. But after six years, in 1879, the black angel took her away. Then, five years later, in 1883, he married his present wife in Kentucky, and to them three children have been born.

And now I come into matters of which I have personal knowledge. And I wish that Dr. Kennedy's mother were here. But she is dead, and can never know what we are doing for her boy tonight. It is great glory to be a great man's wife; but it is almost halo divine to be his mother. Scipio was a great Roman general and statesman. He was the father of the Gracchi. They were two noble agrarian legislators of Rome. It was the custom to speak of Scipio's wife as "the wife of Scipio." But she, wishing for greater fame than this, pettishly exclaimed: "Why do they always call me the 'wife of Scipio?' Why do they not call me 'the mother of the Gracchi'?" I wish that Dr. Kennedy's mother were here!

Dr. Kennedy as a Literary Man

As a literary man Dr. Kennedy has not kept his "light" under a bushel; but he has been a frequent contributor to medical journals, and has always been one of he readiest to respond to the calls of our own program committee. Many years ago, I found, with much pleasure, Dr. Kennedy quoted by H. C. Wood, in the third edition of his work on "Materia Medica and Therapeutics," as commending the use of iodoform. The paper to which Dr. Wood refers was published in *The Medical and Surgical Reporter* of January, 1870. Dr. Kennedy did not himself know that he had been thus quoted until I called his attention to it twenty years ago, and nearly twenty years after its publication.

For nearly twenty years I have kept the full records of the old Gratiot County Medical Society, but last summer, finding them in my way, I burned them. That was foolish. Now I want them; for from them I could give you the title of every paper that Dr. Kennedy ever read before us. They have been many. In about 1890 Dr. Ken-

nedy was the president of this Society, and that year he gave the annual address. It was delivered in Ithaca. It is needless to say that it was a good production and well received. Since the reorganization of the Society in October 1902, Dr. Kennedy has read a paper on "Race Suicide," one on "Apathy,' and one on "Quinine in Continued Fevers."

A Medical-Society Enthusiast

Dr. Kennedy has always been an enthusiast over medical-society meetings. No one has better realized than he the good to be derived from such gatherings. He seldom fails to attend the meetings of the County Society. When the Society was first organized, twenty years ago, he was one of its mainstays. And of the twenty-three meetings held since its reorganization he has attended fifteen. He is also a frequent attendant of the meetings of the State Society, and is this year the delegate from this Society to the State Society. In the meetings of this Society the kindly way in which he takes part in the discussions always gains for him attentive audience. He goes into discussion not with a desire to do somebody up, but to arrive at the truth. "In proportion as we love truth more, and victory less, we shall be anxious to know what it is that leads our opponents to think as they do." (Spencer.)

Dr. Kennedy is interested in every kind of civic improvement. He has nearly always been a member of the school-board, and his enthusiasm in school-work often takes him into the schoolmasters' meetings. He has also served many terms on the city council. He has served two terms as postmaster in this city, and has for many years been a medical examiner for many life insurance companies.

Dr. Kennedy has not been afraid to make known his political belief, and I admire him for this. We should all take more interest in politics. We could do much to heal the ulcers on the body politic if we would. As an example of what can be done by doctors in a quiet way, see what has been done in Kentucky. No quack can practise nor advertise in that state. And the physician may hold office if he wishes to. It's right. Recall Dr. Benjamin Rush and his part in forming the Declaration of Independence. We need doctors in our legislative halls to fight the antivaccinationists, and the antivivisectionists, and the osteopathists and the Christian scientists.

As a practician of medicine Dr. Kennedy has always aimed to keep abreast with the latest knowledge, and all through the days of his strength he responded to the calls made upon him for his services, even if he knew that those services would be unrequited. He possesses the spirit of Maimonides who, seven hundred years ago, said: "O God, Thou hast appointed me to watch over the life and death of Thy creatures; here I am ready for my vocation." "I was sick and ye visited me."

A few weeks ago I learned incidentally about a freakish, yet sensible, prescription that Dr. Kennedy wrote for a rich farmer who he thought was not warmly enough dressed for his health. The patient had a cough. The doctor wrote a prescription for an overcoat. The man put the prescription into his pocket without reading it. Getting outside he looked to see where he was directed to go, and then discovered it to be a prescription for warmer wearing apparel. He got it filled, and is living today.

Dr. Kennedy has always lived according to the motto:

> As life's unending column pours,
> Two marshalled hosts are seen—
> Two armies on the trampled shores
> That Death flows back between.
>
> One marches to the drum-beat call,
> The wide-mouthed clarion's bray,
> And bears upon a crimson scroll,
> "Our glory is to slay."
>
> One moves in silence by the stream,
> With sad yet watchful eyes,
> Calm as the patient planet's gleam
> That walks the clouded skies.
>
> Along its front no sabres shine,
> No blood-red penons wave;
> Its banner bears the single line,
> "Our duty is to save."
>
> —OLIVER WENDELL HOLMES.

But one of the most lovable things about Dr. Kennedy is that he never maligns any

man. I have known him for twenty years, and I have never heard him defame anyone. And this is a most commendable example for us to follow; for

Boys flying kites haul in their white-winged birds;
You can't do that with your flying words.
Thoughts unexpressed fall back to earth as dead,
But God himself can't kill them when they're said.

Alas for the rarity
Of Christian charity,
Under the sun.

"With malice toward none, with charity for all."—ABRAHAM LINCOLN.

"Father forgive them: they know not what they do."

I believe that Dr. Kennedy lays up no malice against any man, woman or child; and that he would promptly lend a helping hand to anyone needing his assistance. Let us imitate his example. "A fig-tree, looking on a fig-tree, becomes fruitful." (Arabian proverb.)

I wonder how the Kennedy boys treat their father. Do they love him and respect him as they should? Do they refrain from doing those things that they know will displease him? Do they do only those things that they know will please him? Do they do his chores for him? Do they get up in the morning? Do they eat with him? Do they do all they can to lighten his burdens? Are they making the best use of the opportunities that he has furnished them at great denial to himself? Are they making worthy efforts to get an education? Do they take home their school reports for him to see and sign? Are they respectful and obedient? Are they loving and lovable? I hope so; for

The night has a thousand eyes,
And the day but one;
Yet the light of the bright world dies,
With the dying sun.

The mind has a thousand eyes,
And the heart but one;
Yet the light of the whole life dies,
When love is done.

—F. W. BOURDILLON.

It should always be a pleasure for youth to light the way for age. Boys, think who your father is, and how your sonship watches. "What I say unto you, I say unto all." A degenerate son of a noble sire is always a pitiable sight. Use your opportunities. "The mill cannot grind with the water that is past."

A Tribute to a Noble Man

Fellow doctors, we are assembled tonight, "not merely for personal gratification, but for the splendid purpose of paying tribute to a man who has won a race of vigor, and not by vaunt." We are "assembled to pay respect to a man who by stately strides has ascended a lofty hill," and now we demonstrate to him that "beyond the Alps is Switzerland."

As Dr. W. W. Keen said when presenting the loving-cup to Christian Fenger on November 3, 1900: "Friendship is one of the things that adorn and sweeten human life the most. Its delights have been pictured by the Roman orator in an immortal essay. It lived in the heathen legend of Damon and Pythias; it reappeared in the Holy Writ, where David and Johnathan were knit as one soul together. It begins in our youth, it heartens and cheers our manhood, and even in our declining years it illumines the last days with the glories of a setting sun. And after our friends are gone, the memory of those friendships is an afterglow to perpetuate the glory of a departed friend. We are met to bear witness to the value of this friendship, and to pay honor to one who is among our foremost fellow citizens, our best-known, and our best-loved colleague."

Dr. Kennedy, we have come together tonight from all parts of the country to give you some outward token of our honor and esteem. For thirty-seven years you have diligently, worthily and successfully labored in this country for the elevation of the profession. To all of us you are a respected older brother and an honored friend. In our busy administrations to the sick we seldom have the opportunity to express our appreciation of one another. But so great and so helpful have been your services to us that we have taken the time to come together and give you this tribute of our love and admiration. Our words are not a "sounding brass" nor a "tinkling cymbal."

In this ovation that we tender you is a grim reminder that the Reaper is close upon your trail. Your head is bending low with the weight of many years. Be "faithful unto death." I shall not be far behind you. Perhaps I shall be first.

A Hindoo Legend

There is a Hindoo legend which accounts for the origin of our profesion in something like the following manner: An intelligent Hindoo prince, in the time long ago, sought out one of the most renowned temples of Buddha, and prostrating himself upon the floor he prayed fervently and said, "How can I best serve my Maker?" As he lay prostrate upon the floor he felt a gentle touch upon his shoulder, as gentle as that of a babe, and heard a silvery voice saying, "Arise." He arose and there stood before him a beautiful angel who said, "Dost thou serve God?" And he replied, "Yes." "Then go serve thy fellow man; administer to the sick; heal the afflicted; help those that are in distress." And thus, according to the beautiful legend, the medical profession had its origin.

"Our worthy guest tonight is almost an ideal of that Hindoo prince of whom the legend tells." (V. C. Vaughan, at the N. S. Davis banquet on October 5, 1901.)

"May life's evening shadows be gentle and restful. May they silently give place to the golden ray of sunshine that shall welcome his glorious morning." (Dr. Ricketts, at the Fenger banquet.) For in Dr. Kennedy's life there is "much that is commendable, little that is censurable, and nothing that is mean." (Life of Zachariah Chandler.)

HYDRASTININE, A REMEDY FOR HEMORRHAGE

A remedy that is especially indicated in the long-continued, oozing hemorrhages, with a description of some cases in which it was employed with excellent results

By TORGNY ANDERSON, M. D., Geresco, Nebraska

DURING the last two years I have used hydrastinine hydrochloride to check bleeding—not the sudden and copious hemorrhages, for which atropine is best, but in the oozing, long-continued cases of bleeding. So uniformly satisfactory have the results been that I have come to look upon this drug as a sheet-anchor whenever and wherever continuous bleeding has to be stopped. The following three cases will show how varied its application can be and also with what good results it has been given.

How It Controlled Uterine Hemorrhage

Case 1. Mrs. S., American, age 36, married and mother of two children, large, strong and perfectly healthy with the exception of very profuse and prolonged bleeding during and after the menstrual periods, which condition began three years ago. Not only was the amount of blood increased, but while her menstrual periods had heretofore lasted four days, now it would be fourteen to twenty-one days each time. On the advice of a physician, at the beginning of the trouble, a surgeon had been called in and had advised an operation, probably curetment. She had been so sick from the ether administered that she told me she would rather die than go through another forty-eight hours like that time.

After the operation menses were absent for three months, when the previous condition returned. I was then called in, and during the examination I scraped off with a blunt curet quite a lot of black, spongy mucous membrane from the uterine cavity. I could easily make out that the same condition existed all over the uterine cav-

ity. I advised a second curetment, but her experience with ether made her refuse.

I had then used a hyoscine-morphine combination in several cases, so I explained to her its action and could confidently promise her that she would not be sick after the ether as before, and finally gained her consent. The curetment was done in the evening and I removed an ordinary teacupful of spongy black mucous membrane. One hour after the operation I awoke her and she told me that she had felt no pain. I then left for home.

The next morning, on inquiring over the telephone how she was, I was told that when she awoke after an all night's sleep she got up and began to dress. When her husband asked her what she was thinking of to get up the next morning after an operation, she answered that she felt so perfectly well that she had forgotten the operation, and very reluctantly went back to bed.

Menstruation returned in six weeks and was normal for a half year, when the old trouble returned. I then gave her the hydrastinine hydrochloride tablets, one to be taken every three hours while awake until bleeding ceased. This it gradually did in seven days. I told her to begin taking them the same way from the first day of each succeeding menstruation. Between the menstrual periods I introduced wool tampons saturated in a vaginal antiseptic dissolved in glycerin. This was done every third day. Under this treatment the patient soon became normal in her menstruation. She has remained so now for nine months.

Success in a Case of Hematemesis

Case 2. Mrs. K., Swedish, age 32, married. With the exception of more or less trouble with constipation she had always been well until about a week ago, when she began vomiting blood. A physician was called, and when after three days the hemorrhage still continued, consultation was decided on and a local surgeon and myself were called in. A diagnosis of ulcer of the stomach was agreed to by all three doctors. The surgeon advised immediate operation, and this was also the advice of the other physician, but I proposed the use of hydrastinine hydrochloride. The patient and also her husband would not think of an operation until every other way had been tried. So I began the administration of hydrastinine. The surgeon predicted failure—yes, even a fatal result—but in eight hours the hemorrhage had ceased and has not returned during the two years elapsed since then.

Case 3. Mrs. McG., German, married, mother of nine children, 48 years old, large and fleshy. Menstruation had been very irregular for two years and had been entirely absent for one year. A week before I was called in she had begun to bleed through the nose. A physician had been called and had partially succeeded in checking the bleeding but only as long as a clot remained in the nostril. As the clot hung down in the pharynx it caused vomiting spells, and when the clot loosened and was ejected bleeding began again. The physician used adrenalin chloride internally and liq. ferri tersulphatis locally on tampons.

When I called I was told that for several months she had had a slight bleeding from the nostrils every month, corresponding in time with the time when she should have had her menses, but that she had not needed to call a physician until a week ago, when Dr. S. was called.

I cleaned out the nostrils with an alkaline antiseptic and introduced tampons saturated with a strong solution of zinc sulphocarbolate. The tampons were not allowed to remain more than a few minutes each, when a fresh one was introduced. I also began the administration of hydrastinine hydrochloride, one tablet every two hours. For six hours hemorrhage ceased.

The lady was so pleased with the result that she asked me to leave twenty tablets in case she should need them another time. As I have not heard from her since I take it for granted that she has remained well or that she is able to check the bleeding herself each recurring time by the use of the hydrastinine hydrochloride.

A THERAPEUTIC STUDY OF NEURASTHENIA

A disease which is easily diagnosed, seldom if ever incurable, and yet often cured with difficulty. Giving a new method of treatment, and presenting a difficult case which was handled successfully

By WILLIAM LEE SECOR, PH. D., M. D., LaGrange, Illinois
Head of the Department of Physiology and Professor of Therapeutics in the Chicago College of Medicine and Surgery; Physician in charge of the Thornton Villa Sanitarium, LaGrange

NEURASTHENIA is not a separate and distinct pathological entity but it is a condition manifested by a group of symptoms that are the outgrowth of various etiological factors and associated with various morbid states.

It is a condition that presents many phases to the physician, yet there are certain positive elements existing in almost every case that make the diagnosis as certain as if it were made by laboratory methods of precision.

The Diagnosis Not Difficult. Treatment—"There's the Rub"

It is not the diagnosis which puzzles the physician called to attend patients manifesting the symptoms of this condition, but it is the treatment of the case that bothers him the most. This is amply proven by the great number of cases which, as a result of improper treatment, go year after year without recovery.

For the successful treatment of neurasthenia the first and absolutely essential step is to discover the cause of the condition, for there is a cause for every case, and several given cases may depend upon widely differing causes.

One of the best-known and most-successfully treated classes of neurasthenics consists of those who have been nervously and physically overworked; for these the well-known Wier-Mitchell rest-cure is the best form of treatment. The exact methods employed by the author of this system of treatment should be studied carefully and only such modifications of it made as will adapt it to the particular case and the special conditions present.

In the consideration of the treatment of neurasthenia many physicians begin and end with the "rest cure." This is entirely erroneous for there are many other factors in the production of this condition which cannot be reached through this line of treatment.

Autointoxication a Frequent Cause of Neurasthenia

I am of the opinion that one of the most frequent causes, either in whole or in part, of this condition, is autointoxication and that when this is combated by proper diet, sweating procedures, followed by proper tonic cold applications, intestinal antiseptics with saline laxatives and an out-of-door life, there will be seen much better results than we now see.

It may be that the persistent tired feeling is due to some exhausting discharge such as leucorrhea, or to anemia. Perhaps some local irritation is causing reflex-symptoms; these symptoms most frequently arise from irritation of the genitourinary organs or the rectum, and when the cause is discovered it can usually be overcome by local treatment or a slight surgical operation.

When a physician is called to treat a case of neurasthenia it is his first duty to make a most thorough and complete examination, bringing to bear upon the case his knowledge of modern laboratory methods as well as making a physical examination. When any condition is found that could possibly be a factor in the production of the attendant chain of symptoms, full attention should be given to it until it is removed; and when one by one all of the morbid conditions are removed and the patient is well, so far as the physician can discover, there may be a

great deal yet to do before the patient will be around and about his work.

Some Remedial Agencies Which Have Proven of Value

In removing the various factors that have caused the group of symptoms in a given case there are many agencies that have proven of great value. In many cases the arsenates of iron, quinine and strychnine will give most excellent results.

Scutellaria and cypripedin are two remedies not generally used by the "regular" profession, but I believe they are excellent when indicated. We find that in some cases the nerve-tire seems to be due to a hypertension, and if we can relax this tension it prevents the wasting of much valuable nerve-energy; the bromides are very useful here and in some cases I have used lobelia, in very small doses, with good results.

There are many drugs that might be mentioned as having a most important place in the treatment of selected cases, but it is not the object of this paper to present facts that you can read in any good work on therapeutics but rather to give some suggestions that may be helpful in the management of this very common condition, and that are *not* found in the textbooks but are born of my own experience.

As I said, we may get the patient to the place where, so far as we can see, she is well; she has will-power and makes an effort to get up and around, but every effort is followed by profound exhaustion. Probably before the patient consulted you she has made many trials to get up and about, possibly under the care of other physicians, but she always had the reaction.

Now what is the trouble. The patient is apparently well, why can she not be and do as other folks? Why is it that apparently profound exhaustion follows every effort? I have found that the secret lies in the fact that the patient has a "phobia;" she is afraid that she will overdo; every time she tries and gives up, she has a reaction; the fear is stronger after each "set back." The only way these patients can be cured is to remove the fear. How can this be done?

Psychology is today recognized as a most important element in therapeutics. It should be used, properly, in treating all classes of neurasthenics, and in a number of cases it is the only agency required to effect a cure; but in some of these cases, where an intense phobia exists, psychology alone will not avail; some physical, tangible method must be employed in connection with the psychology.

When Everything Else Fails, Try This Method

I will outline the method that I have found successful in cases of long standing where all else had failed.

I say to the patient: "When you came to me I made a thorough examination, you know that I understood your case at that time, you have now been under my observation and treatment long enough for me to state with confidence that you have no organic trouble, and what functional trouble you still have will disappear under continued treatment.

"You know that every effort that you have made to get up and about has been followed by reaction. This reaction is due to the fact that you have not been ready to get up before; now I am going to get you ready. You say you have every confidence in me, and you know that I understand your condition and will not let you overdo; but in order to prevent your overdoing I must know just exactly how much exercise you get each day; so I am going to propose a plan that will build you a sure foundation and culminate in your complete recovery.

"In order that I may know just what muscular exercise and nervous excitement you have each day, I shall put a nurse with you; you must receive no visitors whatever, nor any mail; you must not move about in bed or even feed yourself. Let the nurse do everything for you, then we shall be able to keep track of what you do each day.

"I have here a piece of apparatus that we will use in giving you systemic exercise; it is so arranged that the nurse can see just how many pounds you pull as registered on the dial; she will let you pull with the various muscles just an exact amount each day, the

amount which I prescribe and which you know that I know will do you no harm. This exercise you will have in the forenoon and a full massage in the afternoon. You will gradually increase the amount of exercise under my direction until you are doing more work than to walk about the room. Oh! yes, you will become tired, very tired, but you know that I shall see that you do not do too much, and this feeling of exhaustion is only a *feeling;* you are not truly very tired and you will soon get so that you will not feel so tired after each effort. In two weeks you will be walking about the room and in a month you will be perfectly able to go up and down stairs, and you know that there is no possibility of a relapse this time for we have formed a sure and sound foundation and you are sure of every forward movement."

The Author's Experience with This Method

The above is the line of thought which I have found most effective in expelling the intense fear of overdoing. I modify and change it to suit the patient and the specific conditions. To be successful you must have a well-trained nurse, one who is kind yet firm and one that the patient likes. While it is not absolutely necessary to have the patient in an institution yet you have very much in your favor if this is possible. Following, I present a case:

Mrs. C. C. N., age 56, widow; family history shows a neurotic tendency.

Personal history: She had the common diseases of childhood but no other sickness; was never strong and robust; had some uterine prolapsus and ovarian irritation when a young lady, but nothing very pronounced.

She was married at thirty-five, after which she improved in general health for about three years and then true neurasthenic symptoms began to appear in a marked manner. She became very fleshy between the age of 37 and 45, so much so that she took a systematic starvation treatment to reduce her weight. Menopause took place between the fortieth and forty-fifth years and came on quite suddenly.

From 45 to 50 she was always weak and ailing, up and down continually. At 50 her father died and within a short time she took her bed and has been confined to bed ever since. During this time she had been to numerous sanitaria and consulted many eminent physicians, all agreeing in the diagnosis of neurasthenia but differing in their method of treatment.

Present History: Patient came to Thornton Villa Sanitarium in November, 1906, from Atlanta, Ga. She stood the trip well but had a reaction after three days.

Examination revealed an exceptionally bright and intelligent mind, a cheerful disposition and a powerful will, in a woman apparently fifty years old, of dark complexion, short of stature and markedly obese. The black hair was mixed with streaks of gray, the eyes were bright, but there were very prominent dark circles under them. Eyegrounds normal. Examination of the mouth revealed pyorrhea alveolaris to a marked degree; tongue normal; the thyroid gland was somewhat enlarged; chest normal; abdomen very obese, otherwise normal. Local examination of pelvic organs revealed nothing abnormal.

Stomach digestion is good, but there is intestinal fermentation and offensive stools. Appetite usually very good.

Blood-count normal, hemoglobin 75 per-cent.

Pulse 95, easily compressed, blood-pressure low.

Heart: No organic lesion, but nervous and weak.

Reflexes normal.

Areas of hyperesthesia and anesthesia not well marked.

No dizzness, no vomiting, no delusions or hallucinations; mind usually very bright but she has spells of a hysterical nature when she becomes depressed, cries much and loud; these do not last long, however.

Urine: No albumin, no sugar; s. g. 1024, urea 1 percent, indican present.

The patient was put on thyroid extract, starting with 5 grains daily and gradually increasing until 15 grains per day was given. This amount caused tachycardia, which

soon disappeared but would immediately reappear if the dose was raised, so 5 grains three times a day was continued. This was given with the idea in mind that the hypertrophied thyroid indicated that the nervous symptoms and obesity might be favorably influenced by an increase in the iodothyrin.

After the effect of the thyroid extract upon the heart had been noted the patient was placed upon digitalis, with the desire of improving the nutrition of the heart-muscle and strengthening its action.

With a view to limiting the autointoxication the sulphocarbolates were given with suitable saline laxatives, and the intestinal tract kept well cleansed.

Arsenic and iron were used aganst the anemia and as general tonics. At times of extreme nervousness various sedatives were used as the bromides, valerian, lupulin, etc.

In connection with the above line of medicinal treatment various nonmedicinal agencies were employed, such as the morning cold-mitten friction, the heating wet-sheet pack, fomentations to the spine, massage, etc., with judicious suggestive therapeutics.

At the end of a year the progress that had been made can be summed up in the statement that the heart's action was practically normal, the state of the nervous system was greatly improved, the obesity was much reduced, the blood was normal, the mouth and teeth had been carefully attended to and the system was taking better care of its toxins.

The hysterical symptoms had largely disappeared but there was the same reaction after every effort. Just before the Christmas holidays she was feeling so well that she sat up in bed a little and knit a pair of slippers for a Christmas present. The reaction which followed this little effort was profound. She was unable to open her presents on Christmas day and was flat on her back for nearly two months. I know that many of my readers will say that this is just another case where a hot poker or a fire will work a cure, but here they will make the same mistake that many others have made—that of lacking discrimination. This type of treatment had been tried and it was clear that it would do only harm.

Then here was a case where the patient had been confined to the bed for six years, where every known method of treatment had been employed, including drugs, physical therapy and mental therapy (she was for some time directly under the care of a successful psychologist), and yet she seemed as far from actually getting up and about as she ever was. The case puzzled me and caused me to study it very carefully, and finally I decided that almost the whole trouble resided in the phobia; as soon as she would do something she would think of what she had done and the fear of reaction would surely bring reaction, and the greater the fear the greater the reaction.

This was only a theory with me at that time, but I devised the above outlined method for overcoming the fear; and the method was successful. On Easter Sunday she had so far recovered as to walk two blocks and call on a sister, something she had not done in more than six years. The gain under the continued treatment was steady. The first of July she spent two weeks at a summer resort in Northern Michigan. This was the first time she had been away from the direct contact with her physician, and before the two weeks were up this fact, combined with a bilious attack, put her in bed. A visit or two from her physician with remedies to relieve the bilious condition put her on her feet for the home trip, and she is now better than for ten years.

While this is the first and most marked case upon which I have tried this line of treatment, it has given me equally good results in many other similar cases.

These cases of long standing must be kept under supervision for a considerable length of time, for there is a great tendency to relapse. They must be kept free from accumulation of toxins, given a light nutritious diet and plenty of purposeful exercise. They will seldom keep up exercise for the health's sake for any length of time without assistance. They are hard, trying cases, both for physician and nurse, but the satisfaction that comes with restoring those who are practically dead and opening for them a life more than repays for all the effort.

LIGHT AS A THERAPEUTIC AGENT

In what does the therapeutic action of light consist? A discussion of the physical actions of this agent and of how it may be used in the treatment of disease

By ALBERT C. GEYSER, M. D., New York City

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WE are constantly making use of the high-power incandescent light for therapeutic purposes, and as a consequence many almost incomprehensible recoveries, and even cures, are reported from all over the country. Some of these cures are so diverse in their very nature that it does seem as though a great deal of the psychic element entered into the make-up of either the physician or the patient.

The fact remains, however, that the more this light is used as a therapeutic measure, correspondingly do the cures increase, and those of us who are by nature so constituted that we cannot take anything for granted without knowing the reason therefore naturally stop to inquire, "Why is it so?"

If we desire to make use of any agent, the first duty imposed upon us is to know all about the agent; to know its composition; to realize its indications as well as its limitations.

Light, as we see it therapeutically, consists of two essential elements, namely, heat and actinic power. This is a combination of two forces, either of which possesses extraordinary therapeutic virtues. Heat has been used from time immemorial for the relief of pain, as a means of causing active hyperemia in parts requiring additional blood-supply the purpose of removing stasis and so overcoming stagnation and congestion, for the purpose of hastening the metabolic processes as in the formation of abscesses and ulcers, and for the purpose of increasing the eliminative function of the skin, and so forth.

The Actinic Power of Light

Actinism, or the actinic power of light, is not so well understood, therapeutically at any rate. But if we reflect a moment and define "actinism", we shall better appreciate its meaning. Very short, rapid wave-lengths, as the violet and ultraviolet, the x-rays, the emanations from radium, etc., have the power to set up very rapid molecular or atomic motion; disassociating or tearing apart, rending asunder; in other words, ionizing certain more or less unstable substances, without these substances first passing through the lower rates of motion and becoming heated. Other conditions being equal, the shorter and the more rapid the wave-length, the greater is this actinic effect upon atoms without the production of the slow heat-motions of molecules. Yet it must be borne in mind that each wave-length possesses these qualities in some form or other; for instance, in some plants the

slower and longer vibrations of even the red shows greater effect, so far as growth and repair are concerned, than the more rapid and shorter blue rays.

Actinism is better understood in chemistry. A photographic plate may contain an emulsion of bromide of silver, which is a very unstable compound. When, therefore, light-rays, especially those of the higher rates, fall upon such an unstable substance, there ensues at once a loosening of the bond of union between the bromine and the silver. We take advantage of this actinic, or ionizing, power in the arts, and the process is thoroughly understood. Much that holds true in inorganic chemistry also holds true in organic compounds.

Differing Effects from Light

As has been stated, we have two direct effects from light: one the heat-effect, the other the chemical or actinic effect. The heat-effect is due to the slower and longer rates represented by the red, while the chemic, or actinic, effect is due to the shorter and faster rates found at the blue and ultra-blue and beyond. Between these two extremes are located all the various rates of vibration that go to make up white light. If, then, these two extremes are capable of affecting tissue by the creation of heat and chemical effects, what is in store for us if we analyze all the various rates of vibration and select for a particular condition or deviation from the normal the special rate indicated or best calculated to change, interfere with or cause a return to normal?

Light-waves may be so slow and long that our retina is unable to register them; in other words, the rods and cones do not respond to their rate, consequently do not react to them. Yet these waves travel thousands of miles through the air and at such distances affect mechanical instruments, as in wireless telegraphy. Hertz, after whom such waves are named, showed that their rate is from one-half of a million or less per second, and they are from one thousand to one hundred and fifty feet apart; yet their speed is as that of light, but they produce neither heat nor light so far as our sensations are concerned.

The next set of waves are those of the infra-red. They are called heat-waves because heat is one of their demonstrable factors, yet they are not short nor rapid enough to excite the sensation of light. They are like all waves; stresses set up in the ether by vibratory or to-and-fro-movements of molecules of matter. The more rapid the motion and the greater the amplitude, the higher the degree of recognizable heat. When such waves impinge upon other matter, such as the human body, either the molecules of the body vibrate in unison with them or this arrested motion is transformed into heat, while the heat affects cell-metabolism.

How Color Sensations are Produced

If the vibrations are slightly more rapid than either of the preceding, they have the power of influencing the human retina and optic nerve, giving to us the sensation of red. During the next octave we recognize all the other fundamental colors, orange, yellow, green, blue, indigo and violet. This entire gamut of color-play is exactly as the octave on the piano to the ear. The organs of Corti are so constructed that after the tympanic membrane has been thrown into harmonious vibration with any or several rates, this vibration is conducted by the ossicles to the organs of Corti; these in turn vibrating in harmony with the original rate send their vibrations to the sensorium where all the different rates are interpreted, as music if in harmony, or discord if not in harmony.

The spectrum with its seven colors could never be interpreted were it not for the fact that our rods and cones can respond to their various rates of vibration and fall into harmony with them. Even that would be insufficient were it not a fact that the cells in the sensorium must also vibrate in unison with the original rate before a certain color can be distinguished.

Every Body-Cell Has Vibratory Possibilities

We not only possess these cells endowed with that property, but *every cell in the*

whole human body is capable of being thrown into certain rates of vibration as soon as the exciting agent is strong enough and long-enough continued. When therefore from any source, either external or internal, a cell or cells, or even one of the component parts of a cell, is thrown into a rate of vibration that is not in harmony with nature, then there is discord in that cell and that discord affects neighboring cells. As soon as a sufficient number of cells are vibrating in discord, we recognize this condition as disease. This diseased condition may assume a hundred or more forms and appearances, and according to the particular manifestation we label that disease and give it a name. *Yet after all, we are simply dealing with one of only two possible* conditions; either some cells or their components are vibrating *too fast and so become hypernormal, or they are vibrating too slow and so become subnormal.*

The ear, as we know, responds to nearly all the rates which are found in eight octaves, while the eye can only respond to one octave, but there is no doubt but that there are some animals so constructed that they see in what appears to us as utter darkness, or that they make and hear sounds that no human ear ever heard. Such rates, shorter than the violet, fail to excite the retina, therefore the ultraviolet and the x-rays are invisible to us; yet we know that great chemical power resides in waves of these rates. In a paper on "The Sensations of Insects" (Paris, 1902) Forcel states that he has found that ants can distinguish the ultraviolet rays of light and that they seem painful to them. This again proves that these rates of vibration do affect even such small cells and organs as those of the ant.

Actinic Effect Varies with Rapidity of Vibration

A mass of white-hot steel or iron gives out all rates of vibration, and if brought into close-enough proximity to any other metal will cause that metal, if capable, to assume the same rate of vibration as the original iron. We know from actual experience that all rates of vibration, no matter how produced, which we call light-waves impinging on a body, will set its molecules in motion, at first slowly and then more and more rapidly until eventually they would cause the same rate of vibration as they themselves possess. The more rapid the vibration, the greater the actinic or destructive effect. The x-ray, therefore, is the most destructive of the higher attenuations of vibration known. The slower the rate, the more tonic is the effect. When therefore a cell or organ is overactive, the blue, indigo, violet or x rays certainly are indicated, while on the other hand, if a cell or group of cells is subnormal, then green or yellow are the rates to select.

Why Vibratory Therapy Must Receive Recognition

The pure white light possesses all the colors of the rainbow or the spectrum. In other words, white light is an octave with all notes vibrating at once and in perfect harmony. Is it any wonder, then, that the application of such rates would effect such a multitude of diseased conditions and restore them to normal? On the contrary, the real wonder lies in the fact that this system of therapeutics has remained so long in the dark. As soon as the physician can emancipate himself and realize that it is not the agent but the response that the body is capable of making to the application of any agent indicated, then, indeed, light and other physical agents will receive their just recognition.

Living means nutrition; nutrition means chemical changes; and chemical changes mean an electric current setting up vibratory changes in the tissues. Whether the electric current sets up waves of motion in the ether, as the Hertzian waves from a static machine or a high-tension coil, or the production of vibrations which appear as red, orange, yellow, green, blue, indigo, violet or x-rays, does not matter. Every motion, every rate of vibration in diseased conditions is either indicated or contraindicated. It is in the wise selection and choice of these rates that the physician plays the greatest role.

FISTULA IN ANO: HOW TO TREAT IT

A description of this common disease; something about its history and the early methods of treatment; how to diagnose it correctly; and its modern treatment

By WILLIAM BLENDER, M. D., Keokuk, Iowa
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THE term fistula is of Latin derivation and means, originally, a reed or pipe. It is applied to the anatomical condition under discussion because of the existence of a tube-like channel in the rectal region. The typical fistula may be defined as an unhealthy or nongranulating sinus with two openings, one on the surface of the body near the anus and the other near the rectum. Such fistulas for hundreds of years have been designated fistula in ano, but it would be more scientific to describe them when situated high in the rectum as rectal, and those opening near the anal margin as anal fistulas. Fistula in ano was accurately described by Hippocrates and Celsus and the etiology and description given by these writers still hold good in a large measure today.

Fistula in Ancient and Medieval Times

In ancient times to be afflicted with fistula was a disgrace. Those so afflicted would not submit to a digital or ocular examination. Hume, in his history of England, records the death of Henry V, King of England, in 1422. He says the King was seized with fistula. In those days the surgeons of that time had not the skill to cure. Shakespeare has immortalized fistula in his play, "All's Well that Ends Well," written in 1606. The disease sank almost into oblivion and was scarcely heard of by physicians of the day until Louis XIV of France suffered from it, and then at once it became fashionable and a vast number of cases appeared, and after the King's fashion everybody made an open confession of this once secret disease.

Any person irrespective of nationality, age, sect, climate or occupation may suffer from anorectal fistula; usually occurring in middle life, more frequently in men than women. While being a very common affection, it occurs with more frequency than any other disease about the anal region.

The etiology and pathology is virtually the same as periproctitis and abscess, because it is usually secondary to the former. An abscess which opens or is allowed to rupture seldom heals spontaneously. On the contrary, it gradually shrinks and degenerates into the ordinary fistulous tract. There are several reasons why perirectal abscesses do not get well. Rest is impossible owing to the acts of defecation and micturition and increase in the activity of the sphincters. The venous circulation is sluggish, and foul gases enter the abscess cavity when an opening in the rectum exists. When due to tuberculosis the destructive process is prone to progress rather than to heal, except when due to preexisting rectal diseases as hemorrhoids, fissures, ulcerations, polypi, strictures, proctitis, etc. It usually occurs in the debilitated who have received some injury to the mucosa or to the buttocks from external violence. In this class of cases suppuration is liable to occur as a sequela to slight bruising or irritation due to ever-present bacilli, lowered resistance and faulty blood-supply.

Of the several varieties of fistula named from their location, number of openings and organs with which they communicate, the complex variety is most frequent, occurring in about 75 percent of the cases; the blind, internal and external being rather infrequent, also complete internal and external, horseshoe and the complex varieties.

Patients suffering from a typical fistula nearly always give a history of a chill followed by throbbing pain, tenderness, heat and

swelling in the anorectal region. Also the ordinary symptoms of abscess, which disappear with the escape of pus. When fistula is once established we have (1) discharge of pus; (2) pain and tenderness; (3) excoriation of mucous membrane; (4) passage of gas and feces through the sinus; (6) hypertrophy of sphincter-muscle; (7) puritus; (8) loss of weight; (10) hemorrhage. Any of the above symptoms may be present and be intensified in the acute conditions, but typical fistulas are always chronic.

When fistula is suspected it is well to bear in mind the following: (1) A fistular sinus may open into any part of the rectum or upon the skin in the anogluteal region or into other organs. (2) The openings may vary in size and shape, and may be simple or multiple. Multiple openings indicate chronic debilitated conditions. (3) The sinus may be long or short and single, or it may be straight or tortuous with many branches. (4) Two or more entirely independent fistular sinuses may exist in the same case. (5) In ordinary complete fistula the opening will usually be found posteriorly between the external and internal sphincters. (6) In the fistula of tuberculosis there is marked difference both in the appearance of patient and the sinus.

Making a correct diagnosis requires plenty of time, strong light, a suitable table and several probes of different sizes. It is usually not difficult to make a diagnosis in the complete variety, but in the horseshoe or blind or complete internal type it may be very difficult. It is usually easier to make a diagnosis of the simple and tubercular variety. The prognosis is good in simple fistula, but grave in tubercular.

How the Disease is Treated

The treatment is either nonoperative or surgical. While nonoperative treatment seldom effects a cure, it relieves the suffering and prevents the extension of the disease and the formation of new sinuses, and it consists in improving the general health with tonics, nourishing food, cleanliness and by irrigating the sinuses with hydrogen peroxide, carbolic acid or other suitable antiseptics; also the application of stimulating escharotic remedies as balsam of Peru, silver nitrate, etc., and avoiding active exercise. It is usually a good rule to advise radical operation in all fistular cases irrespective of extent and character or sinus, provided general health of the patient permits. It certainly would not be wise to operate on a patient in the last stages of tuberculosis, Bright's disease, diabetes or organic heart-disease; neither is it good judgment to advise against operation simply because there is moderately long involvement or when there is an acute inflammation in and around the sinus.

There is probably no class of surgical operations which require more skill and patience both during the operation and in the aftertreatment. The following operations have been performed with varying sinuses: (1) Pilitation [? Ed.], (2) injection of astringents, (3) excision, (4) division. As a rule the division operation is simplest and most efficient in the majority of cases. In this connection we may ask, why are about 45 percent of the operations done for fistula unsuccessful. In answering we may say that the operation in some particular is not complete or not suited to the particular case or may be due to faulty aftertreatment. We should always bear in mind the following:

(1) Always operate under regional aseptic conditions. (2) Operate upon all cases where there is sufficient vitality to heal the wound. (3) Be certain to divide all sinuses at a right angle, and not obliquely. (4) Be careful not to enter the peritoneum except when absolutely necessary. (5) Refuse to operate on persons in the last stages of tuberculosis, Bright's disease, diabetes, or organic heart disease. (6) Avoid cutting the sphincter more than is absolutely necessary. (7) Pack the wound tightly at the time of operation and loosely afterward. (8) Destroy excessive granulation; when the wound is sluggish, grayish, greasy, stimulate it. (9) Do not let the wound bridge over but make it heal from the bottom. (10) Warn the patient of the possibility of incontinence following operation. (11) Be guarded in making a prognosis as

to the time it takes to cure. (12) Fistulous patients with tuberculosis should be sent to a suitable climate. (13) Most of all, you should remember that success depends more on the aftertreatment than upon the operation.

TREATMENT OF PUERPERAL EGLAMPSIA

The conditions which cause this disease, its various forms, the exciting causes and some suggestions concerning the best methods of treating it, medicinally and otherwise

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CONVULSIONS of the puerperal state should be managed variously according to the causes inducing them; there being three sources of toxemia of pregnancy —usually recognizable even without costly anlaysis in the laboratories of experts; the liver, the kidneys and the bowels. Frequently all three are at fault—a mixed toxemia; therefore attention should not be directed to albuminuria alone.

A certain amount of gastric irritability and a considerable degree of intestinal fermentation, from impeded action of the gastro-intestinal tract, must be expected in every pregnancy; but when they become conspicuous, particularly in the later months, they should be regarded as danger-signals just as important as the swollen extremities and labia of the albuminuria of pregnancy. Jaundice occurring during the period of gestation always means trouble if not relieved before confinement. A high, tense pulse in the last few weeks before delivery is also a sign of impending danger. These things are usually looked upon too lightly. All of them mean retention of excretory products —a toxemia which may lead to convulsions and death.

Imperfect Kidney Excretion Most Frequent Cause of Toxemia

The most frequent form of toxemia is that dependent upon imperfect excretion by the kidneys—erroneously called of old, albuminuria. A certain amount of edema of the ankles and legs is to be regarded as normal, especially in women of heavy build; but if it be pronounced, and if there be associated with it headaches or disturbances of vision, examination of the urine is imperative, notably to determine (*a*) the quantity of urine secreted in twenty-four hours and (*b*) the amount of urea eliminated—these being of far more importance than the finding of albumen or tube-casts. Women should be taught that a diminished quantity of urine in the last weeks of pregnancy is a danger-sign which demands attention; for sometimes when ignored the toxemia progresses to such degree that without warning a convulsion occurs, the patient sinks into coma and dies in spite of anything the doctor may do.

Biliary and Intestinal Toxemia

The toxemia dependent upon disorders of the liver is due to certain changes in the liver akin to those found in acute yellow atrophy. The symptoms are persistent vomiting, slight jaundice with yellowish tinge of the conjunctiva; and as the kidneys become secondarily involved, convulsions may end the scene, though coma without spasm is perhaps the more frequent. It is the type which gives best results if early recognized and treated by proper surgical measures.

In the toxemia of intestinal origin the symptoms are unmistakable to the initiated: the constipation, pasty tongue, fetid breath and other evidences of intestinal fermentation are just as reliable evidence as is the accompanying indicanuria. If now there be

a weakened kidney the additional eliminative effort may prove ineffectual and convulsions arise from the combined cause. A few doses of magnesium salt would in these cases act as a sure preventive of death—a fact too often forgotten or ignored.

Theoretically there is a fourth source of infection: some peculiar change in the fetus or degeneration in the decidual products. For there are cases in which the most careful analysis of the urine reveals no abnormality, the most thorough examination of the blood shows no toxic agent present, the most insistent inquiry discloses no disturbance of intestinal contents or secretions; yet the woman suffers from vague toxic symptoms that are promptly relieved by emptying the uterus of what seems to be normal fetus and secundines.

A typical case of this kind is the following:

Mrs. ——, patient of Dr. J. B. Dunegan, of Sullivan, aged 36, in the eighth month of her third pregnancy was suddenly seized with faintness, palpitation, dizziness and nausea. Rapidly she became worse, a condition of semicoma supervening, with an occasional mild convulsive seizure of certain muscles. Within forty-eight hours her condition became desperate: at the time of consultation she was lying in bed, propped up by pillows, semiconscious, gasping for breath; temperature 100° F., pulse 90, respiration 70; pupils widely dilated; urine normal; bowels active. No source of toxemia was discoverable; but she was practically dying. Although there was no dilation of the os, nor other sign of oncoming labor, instrumental delivery was accomplished within an hour by forcible dilation of the cervix and application of forceps above the superior strait, assisted by external pressure. Placenta and membranes were removed by digital (intrauterine) manipulation, plus Credé expression, and the uterus contracted instantly and perfectly. Immediate improvement was noted in pulse and respiration; and after free evacuation of the bowels from a saline dose and enema the temperature dropped to normal and remained so. Both mother and child recovered—due to the prompt recognition of the serious condition by the up-to-date attendant and the early surgical intervention based thereon.

Indications After Convulsions Have Actually Ocourred

Only too often the doctor is not called until the patient has a convulsion more or less serious. Here the indications are: (*a*) to empty the uterus immediately, (*b*) to administer remedies tending to check the spasms of whatever cause they may be, and (*c*) to institute measures calculated to eliminate the toxic substances from the patient's blood.

As soon as water can be heated and a table prepared, the patient must be chloroformed and the os dilated forcibly to sufficient extent to permit the forceps to be passed. After shaving and scrubbing the vulva and scrubbing the vagina with soap and hot water and filling the vagina with 65-percent alcohol for two minutes, the anterior lip of the os is to be seized with vulsellum forceps and pulled downward. Then a uterine dilator is to be introduced and within three minutes opened to its full extent (3 to 4 inches.) Then a second dilator is to be inserted with its blades at right angles to the other and within three or four minutes opened to its full width—during which the amniotic sac is likely to be torn and the waters discharged; if not, it may be punctured with scissors. As the two dilators are withdrawn, two fingers of each hand are to be thrust inside the os and the process of dilation continued by severe stretching.

Within ten minutes (or fifteen with a very rigid os of the primipara) the dilation will be sufficient to permit insertion of the forceps, the head being above the superior strait, but usually of normal presentation; if not, the fetus must be turned by external manipulation so that the forceps will readily slip to the right place. Traction is now to be made, assisted by downward pressure of two outspread hands upon the fundus —the oncoming head completing dilation of the os within a few minutes.

Thus within an hour after reaching the woman the skilful doctor will have delivered the child, accomplishing the first indication, providing intelligent assistance is at hand. If there is any serious impediment to normal delivery cesarean section is indicated, without delay.

Convulsions Occurring After Delivery

Extraction of child and afterbirth does not always terminate the convulsions, especially when dependent upon renal or hepatic toxemia. Therefore from 2 to 4 Grams (30 to 60 grains) of chloral hydrate should be injected into the rectum before the patient is put to bed. (An equal amount of potassium bromide may be added if the convulsions have been repeated.) These agents allay cerebral irritation, depress the reflexes of the spinal cold and diminish the conductivity of the motor-tract—thus preventing convulsions.

If examination of the urine by boiling (the patient having been catheterized just before beginning efforts at delivery) shows the presence of much albumen, and if the pulse be abnormally slow with high tension it is good practice to withdraw half a liter (a pint) of blood, especially if there has been but little bleeding at delivery; and then inject a liter (one quart) of normal salt solution beneath the breasts or into the buttocks. This accomplishes the following: (1) Reduces the high-tension, full pulse to the normal; (2) relieves congestion of the brain; (3) eliminates an uncertain part of the poison; (4) produces an actual as well as relative leukocytosis, thus, theoretically, at least, helping to overcome the poison.

Be Sure to Purge the Patient

Always, whether there be evidence of intestinal fermentation or not, a brisk purge should be given—by means of a stomach-tube if the patient will not swallow. In an hour a high injection of a quart of water with ox-gall or glycerin should be made.

Where the skin is dry, and particularly if there be fever, 1-10 grain of pilocarpine should be injected beneath the skin.

Two or 3 grains of sulphate of sparteine, hypodermically, often help to start the secretions. Slow pulse is an indication for its use.

Too much strychnine has been given, of late, in this trouble. It should be injected only when the heart shows signs of serious weakness.

Treatment When Pulse-Tension is Low, and When it is High

Also too much veratrum is given—at least it is given too indiscriminately. It must be remembered that this drug acts by stimulation of the vagus-center: resulting in reduction of arterial pressure and slowing of the heart-beat, with relaxation of the muscles. Hence it should be given only in cases associated with a rapid, high-tension pulse.

When the opposite condition is present, i. e., when the woman is thin, pale, weak, and presents a low-tension pulse, morphine is far better than either veratrum or chloral, in spite of its tendency to check the secretions. Many recoveries have been recorded following injection of 1-4 of a grain of morphine and 1-100 grain of hyoscine hydrobromide, combined with cardiac supporting remedies, repeated in an hour, in this class of patients. Such a combination possesses the advantage of causing anesthesia of such degree that delivery can be accomplished without a second doctor to give chloroform in case one is forced to work alone.

Whatever the cause of the toxemia, a milk diet is advisable until at least the third day after the last convulsion.

Too frequently the bladder is neglected. The patient should be catheterized every six hours if urine is not voided spontaneously.

The bowels must be kept open—very loose—for two or three weeks after delivery.

Diuretics should be given guardedly during convalescence, whenever albuminuria has been pronounced. Often 10 drops of the tincture of chloride of iron three times daily gives ideal results—the quantity of urine and quality of the blood both improving under its administration.

In convulsions suspected to be of hysterical character nothing is more efficacious than hypodermic injection of apomorphine; 1-10 of a grain may be administered as soon as the woman is seen and repeated in an hour if necessary. One advantage of this method of treatment is that it thoroughly relaxes the woman—hence of benefit even if the trouble be true eclampsia of toxemic origin.

SOME MINOR TRAUMATIC LESIONS

Showing that these are not due to "bad blood" but are of germ origin; also, that those of the hands and feet are especially dangerous and require prompt and careful treatment

By W. H. H. BARKER, M. D., Harvey, Iowa

TRAUMATIC lesions, varying more or less in extent and degree, are a common accompaniment of every doctor's practice, be he physician or surgeon. Vastly more of these are of the minor kind rather than otherwise, and those of the hands and feet predominate largely. The serious aspect of these hurts, in the minds of the laity and of many practicians as well, are attributed to what is commonly called "bad blood." If serious symptoms follow, or if any untoward conditions ensue, or if any unlooked-for ill result is developped, it is at once attributed to "bad blood". This is a misconception and is the source of wide-spread error, being made to cover up a multitude of sins, both of omission and commission, especially on the part of the practician. It is so easy for him to attribute all bungling, all want of or slow healing to this source, that it has become the "scapegoat" for all cases of this kind.

"Bad Blood" Versus Failure to Use Modern Treatment

The term "bad blood" is not at all significant. It may mean almost any condition outside of a normal one. Very seldom is any test made to prove the blood the origin of the conditions presenting, but is it the source of trouble as so often claimed? Is it even the usual source? It is not so much the condition of the blood as it is the germs that get an entrance at the very inception, and are then carried by the blood into the system and later manifest their baleful work.

The fault is to be attributed to the failure of applying germicidal remedies and thus sterilizing the field of entrance at the very beginning of the lesion. How many, very many, of these never receive any antiseptic or germicidal treatment at all, and then, if a happy termination does ensue, the "good blood" gets the credit for it all, while if the opposite result follows, the same blood is charged with the bad result.

Minor wounds in the hands and feet are of frequent occurrence. The reason is obvious. Either or both are the organs of the body in most constant use; either or both are constantly coming in contact with implements and substances that may wound or abrade their tissues. In many cases they are less shielded and protected by proper coverings, not at all in many more, so that these organs are naturally the seat of traumatisms. Again, considering their form and their anatomical construction, the number of tissues of which they are composed —bones, muscles, nerves, tendons, skin, fasciæ, and numerous others, all intermingled with the blood-vessels, veins, arterioles and arteries, and most wonderfully constructed, and jointed by the numerous articulations, and all of these more or less frail and easily crushed, sundered or mangled—or otherwise injured—it makes the consideration of these wounds a subject of no little import; and their proper hand-

ling requires a good degree of knowledge not only of the tissues themselves but of their relations one to the other as well as the conditions to be met at all times.

Cuts, bruises and burns, even contusions and abrasions, or any break of continuity, no matter how insignificant, merit immediate attention and should at once be most thoroughly sterilized. If located on the feet or hands, these become doubly important. Neglect of the same often brings direful results, and results not at all in keeping with the extent of the injury. How often does the mere prick of a pin, the scratch of a thorn, the slightest abrasion of the epidermis or the penetrating of the underlying tissues, prove to be fatal in the end, not because "the blood is bad" but because a germ enters and the blood takes it up and carries it through the system. An intense suffering, the loss of a limb and often of life itself follows swiftly in the wake.

This brings up the question, What is the first procedure? There can be but one true one: Cleanse and sterilize at once, the sooner and the more thoroughly, the better. Nothing else avails as well. No other procedure is so safe and sure. Good blood cannot avail against the deadly germ in all cases. It may in some, but no practician is wise enough to determine the question, and the germicide must be left to settle any and all doubts. It will settle it, and no mistake is made in using them.

"A Case which Tells the Story"

A case in point. In the month of May, current year, a patient of very robust physique had the skin on his left hand injured on the palmar side near the palmar joint of the little finger. In cutting a stick of kindling wood an exceedingly slight contusion resulted, causing no pain at the time, and not even a second thought. A half hour elapsed, when a slight pain drew his attention to the point, and he noted a drop of blood gently oozing from the slightest penetration of a splinter or something of the kind that had just pierced into the underlying tissues.

No further attention was paid to it. Six hours later severe pain set in. The whole hand begun to swell, looked fiery and red. This, in spite of the most vigorous measures, continued all the next night, and the next day, till the whole arm was affected clear to the shoulder. A week's treatment conquered and reduced the swelling in a great measure, but the hand remained sore, and the nearest joint of the little finger was quite stiff and sore for nearly two months. It was for a while attributed to "bad blood."

Just as the hand was gotten into comfortable shape, the same patient was bitten on the lower lip by a pet dog, producing a lacerated wound that required two stitches to close. It was an ugly-looking case. It was most thoroughly sterilized at once, healed by first intention, and just eight days after the bite the wound was entirely healed.

To sterilization alone, not to any condition of the blood, is the rapid healing of the later case to be attributed. While the lip healed in one week's time, the finger has not yet, after a lapse of over two months, entirely gained its normal feeling. From this comes the lesson: sterilize all wounds, no matter how small, to be on the side of safety, and to prevent possible after-trouble.

SURGICAL THERAPEUTICS

MASTOID OPERATION

When making the Stacke operation for removal of the ossicles and cleaning out the mastoid cells and antrum the surgeon should be sure to get out all dead bone, thus affording perfect relief. But at the same time he should warn the patient that in fully 25 percent there will be a relapse, even when all dead bone is removed; that

inflammatory trouble in the eustachian tube, with its attendant suffering, may occur again and again (especially if all the diseased tissue at the tympanic orifice of the tube is not reamed out; that hearing will not be permanently improved—hearing on that side for conversation usually being lost; that pain, discharge and tinnitus will be relieved as well as vertigo, if present; that transient facial paralysis may follow. Occasionally death results—from meningitis.

At operation the wound and meatus are packed with iodoform gauze, which should be withdrawn in forty-eight hours and the surfaces gently cleaned with absorbent cotton, without injection; a small gauze wick being introduced and antiseptic gauze freely applied. Every other day, at first, the dressing must be changed (daily in hot weather), generally without irrigation, as all solutions retard granulation. Here, as elsewhere, the less the raw surface is irritated the sooner will repair be complete. Free drainage is absolutely essential—the relation of impaired drainage of the ear to thrombosis of the lateral sinus and to general sepsis being a most important one.

ULCER OF LEG

When a patient suffering from varicose ulcer of the leg will not consent to curetting and the Schede operation, the following ointment may be ordered, with fair chance of benefit: Ungt. ferri oxidi hydrati, ungt. styracis, olei olivæ, aa., partes æquales.

This ointment is to be applied on gauze, once daily; better on silk.

TORSION OF OMENTUM

Twisting of the omentum is usually associated with hernia, but a few cases (8) have been recorded in which torsion occurred without rupture. It must be differentiated (pathologically if not clinically) from strangulation from pressure or gangrene from adhesions. The torsion may be single or double, so in operating care must be taken to inspect all of the omentum. The symptoms of torsion (as well as strangulation from pressure or adhesions) closely resemble those of acute appendicitis—and generally this is the diagnosis when the accompanying hernia is upon the sight side. But the area of tenderness and of dulness very early in the trouble exceeds that found in appendicitis. The general symptoms—vomiting, slight elevation of temperature, etc.—are those of appendicitis; and commonly the real trouble is suspected only when hernia is present with an irreducible mass. Early abdominal section with excision of all the affected part is the only treatment.

TREATMENT OF FELON

The term felon or whitlow is generally applied to an infection of one or more fingers, generally involving the periosteum; boil being used if the skin only is implicated, paronychia if the root of the nail be affected, paronychia tendinosa if the tendon be attacked, and synovitis if the first joint becomes inflamed—the two last-named being quite serious. Pus nearly always forms in the staphylococcus variety; it may not be present in the more severe streptococcus form.

In the treatment of each variety rest is of first importance, so the sore finger, and the one next to it as well, should be put on a splint; a moist dressing under the bandage; this, with application of an ice-bag will arrest some very early cases. If resolution be not well advanced in twenty-four hours, free incision is always advisable whether fluctuation is present or not. A moist antiseptic dressing must follow: saturated boric acid solution, 0.5-percent formalin or 1:5000 bichloride of mercury.

The point of greatest tenderness is to be regarded as the point of progressive infection, which is the spot of selection for cutting. Unless the inflammation is decidedly superficial the knife should be carried to the bone; if the tendon-sheath is the site of forming abscess, it should be freely opened and the wound packed, with application of wet dressing. Bier's hyperemia (application of rubber band to cause congestion, with forci-

ble extraction of pus and serum by suction for fifteen to thirty minutes), followed by antiseptic dressing seems to give best results in very bad cases. The rubber bandage, 3 inches wide, may be placed either above or below the elbow. Care must be taken in the application of this bandage so that it shall be tight enough to obstruct the free return of venous blood from the arm but in no way interfere with the arterial flow. The application of the bandage must not cause pain or paresthesia nor must the arm below the bandage be made cold or to feel cold. Considerable edema may follow and consequently the dressings over the wound and the bandage which holds the splint in place should be applied very loosely. When the pus is beneath the periosteum and the tendon-sheath not involved, care should be used, in making the cut to the bone, not to touch the tendon.

Unless early evacuation is permitted necrosis of bone may follow, necessitating amputation or at least wide opening and curetting, with a stiff joint. After liberation of the pus if healing is slow and granulation dilatory, application of gauze saturated by balsam of Peru often hastens matters; in worst cases touching with the Paquelin cautery is very effective, particularly in the streptococcus infection—in fact in this type of felon opening the tissues with the cautery-knife is advisable for bad cases. The axillary glands must be watched for lymphadenitis.

FOR INFLAMED JOINTS

Patients afflicted by swollen, painful joints often insist upon local application. Whether the arthritis be traumatic or rheumatic this combination will give satisfaction:

Salicylic acid...	12.0	(drs. 3)
Tinct. opium...	6.0	(drs. 1 1-2)
Oil turpentine..	32.0	(oz. 1)
Oil cloves.....	96.0	(ozs. 3)
Alcohol 384.0		(ozs. 12)

Rub on the affected parts every two or three hours. Chloroform may be substituted for the oil of cloves if desired.

GYNECOLOGICAL THERAPEUTICS

FULMINATING EDEMA OF PELVIS

A peculiar condition simulating ruptured tubal pregnancy in the symptoms is described as fulminant edema of the pelvic connective tissue. It differs however in that there are none of the subjective or objective signs of pregnancy, no irregular hemorrhage from the uterus, no decidual remnants in the flow, though the severe pelvic pain, the edematous mass and the condition of collapse may be marked. It is regarded as of angioneurotic origin, but may be infective, since in some cases there is agglutination of the pelvic organs or walling off of the general peritoneal space by a veil of adhesions. Death has been reported.

If recognized, treatment should consist of the use of glycerin tampons, hot douches, perfect rest—the usual measures for relief of pelvic peritonitis. But commonly it is diagnosticated only after the abdomen has been opened. In such cases multiple incisions may be made in the edematous tissues and the entire pelvis packed only with gauze which is to be removed at the end of forty-eight hours. In the worser cases, or when inflammatory conditions are present, it is best to open the posterior cul-de-sac, pack the pelvis from below and close the abdominal wound.

VARICOSE VEINS OF THE BROAD LIGAMENT

Some women complain of a most disagreeable pain in the pelvis, on each side of the uterus, and a diagnosis of ovarian or tubal disease being made, the inexperienced operator is astonished to find nothing

except enormously distended veins in the broad ligament. As a matter of fact these varicosities are the source of the discomfort which is sometimes sufficient to demand operative treatment. The left ovarian plexus is more often the site of this trouble than the right, but in a majority of cases both sides are involved and need attention.

The woman thus affected complains of a dull pain, distinctly worse during the menstrual period, accompanied by a sensation of fulness or weight in the pelvis, with "bearing-down feeling," more or less relieved by lying down. Often the pain radiates from the pelvis toward the kidney —deeper than is the pain of a neuralgia of the ileohypogastric nerve, the condition so often diagnosticated "oophoritis" by the inexperienced or careless doctor. Examination reveals nothing but a tender, thickened condition of the broad ligaments (the mass consisting of the enlarged vessels) and which grow decidedly less if the pelvis be elevated for a few minutes.

Various operations have been tried: ventrosuspension of the uterus, which is generally retroverted or prolapsed; shortening of the broad ligaments by making a fold in them; even removal of the tubes and ovaries; but none of these are effective. Excision of the entire ovarian plexus of veins gives relief, for a time at least. In the worst cases, near the menopause, the best treatment is excision of the tubes and uterus: salpingohysterectomy, leaving the healthy ovaries undisturbed. This operation does not at all interfere with sexual pleasure or desire. Generally it should be done through the vagina.

CANCER OF UTERUS

This is a disease of the period from 30 to 50, in women who have had a child, characterized chiefly by uterine hemorrhage. Any bleeding after the menopause needs careful investigation—in a large proportion of cases it means cancer. At first the hemorrhage may occur only on exertion, after sexual intercourse, while using a douche, or with straining at stool, rarely it may be a constant flow; later it may become profuse (like a long-continued, excessive menstrual flow) and finally alarming. Sometimes hemorrhage is absent, a free watery discharge occurring instead, followed later by effusive leucorrhea. Pain is noted only late in the disease. The usual course is two and one-half years to death, some living beyond three years, a few dying very early. It is absolutely curable if hysterectomy be made in the first six months.

SUPERFETATION

This is the name given by the old writers for a supposed fertilization of an ovum while there is another fetus from a previous ovulation in uterogestation. This is now regarded as impossible. The cases upon which the idea had its basis are those in which a double uterus existed, pregnancy occurring in one horn while menstruation continued through the other, with fecundation during gestation. Rarely, too, it is claimed a seven months' fetus has been expelled while its fellow-twin has gone on to the end of the regular period of gestation.

NOTE ON TUBAL PREGNANCY

There are many conditions strongly simulating extrauterine pregnancy; especially met in young women who give a history of cessation of menses followed by a severe pain in the pelvis and succeeded by a scanty flow, but a continuous one and often clotted.

Examination may show a uterus but slightly enlarged, commonly crowded upward and forward against the pubes, though very often fixed in its natural position; the cervix soft and the os slightly dilatable. In almost every case a soft, elastic tumor is to be felt in Douglas's cul-de-sac, extending upward and toward the side where rupture has occurred; but this mass shows a tendency to harden very soon. Other evidences of pregnancy (nausea, dark nipples, enlarged breasts) may be absent, and if the rupture has occurred behind the peritoneum there may be only a mild degree of shock, etc.;

but fever of low grade is a rather frequent symptom.

Acute leakage from a recent pyosalpinx is most often confused with this condition though a normal pregnancy complicated with adhesions, incarceration of the fundus beneath the promontory of the sacrum and uterine gestation complicated with a tumor of the broad ligament may also be mistaken for ectopic gestation; as may likewise an appendicitis when the appendix hangs over the brim of the pelvis, an ovarian tumor with twisted pedicle and uterine fibroids complicated with an acute pelvic infection.

In case of doubt the posterior cul-de-sac may be opened for exploratory purposes. Many times the pathologic conditions may be corrected by this posterior colpotomy; at others the removal must be effected by abdominal section, in which cases the vaginal incision affords ideal drainage.

TUBERCULOUS CHLOROSIS

While chlorosis mostly depends upon masturbation in one form or another there is a small group of cases caused by tuberculosis. The treatment is essentially that for phthisis, plus arsenic and iron in its most assimilable form.

PSEUDO-MALIGNANT ABDOMINAL TUMORS

There are certain growths within the abdomen which, while not malignant, so closely resemble cancerous neoplasms as often to mislead the surgeon in his prognosis. Often speedy death will be predicted while the patient may make an ideal recovery and live for many years. And this is possible, too, when the tumor is unquestionably carcinoma. Hence often a more guarded prognosis should be given than is customary.

Inflammatory tumors of the colon may so closely simulate cancer as thoroughly to deceive. Actinomycosis also may give a tumor almost precisely like carcinoma, yet recovery follow total extirpation. A chronic infiltrating proctitis may give rise to a mass which feels like cancer, and a colostomy may be made with the hope of prolonging life—but the enforced rest cures the inflammation of the rectum and the adjacent structures, and recovery follows. Again a chronic tubercular involvement of the cecum may exactly resemble cancer of that region and lead to an opinion of hopelessness without attempt at cure, whereas excision might prove effectual in prolonging life indefinitely.

The liver is, possibly, the most frequent site of these apparently malignant tumors which are really benign: a fibroma, a cyst, a mass of tubercle—all removable—may be so associated with progressive loss of flesh and jaundice as to lead to a diagnosis of cancer of the liver without an exploratory incision—which is always justifiable. So, too, impacted gallstones in an enormously distended gall-bladder have often been called cancer of the liver and the patients allowed to die of chronic sepsis, when a bold operator would have removed all of the infected mass and saved the patient, disproving the opinion of malignancy. Therefore, unless the case is a plain one, it should not be abandoned without first seeking the services of a skilled abdominal surgeon.

ABORTION FROM X-RAY

The x-ray must not be used on women who are pregnant, if possible to be avoided, since repeated use may be followed by abortion. No harm can be done by simple x-ray examination or exposure to the tube for purposes of radiography; but if application of the tube be made a dozen times or more, as in the treatment of cancer, death of the fetus is almost certain to occur.

CANCER OF OVARY

In a case of cancer of the ovary in my work the neoplasm was removed with the tube and as much of the surrounding tissues as possible—including the uterus. In about two years there was recurrence, in the form of a small nodule in the lower part of the broad ligament. This was removed together with quite a large segment of the vagina; and a complete cure thus secured.

HENBANE IN FOLK-MEDICINE

An interesting account of the early history of this important remedy, with a description of popular superstitions concerning it and how and for what it was formerly used

"BILSENKRAUT," the accepted German name for hyoscyamus, is one of many synonyms of the vernacular, all more or less significant, as for instance "rasenwurz" (raving wort), "zigeunerkraut" (gypsy-weed), "schlafkraut" (sleeping weed), "teufelswurz" (devil's wort) "dullkraut" (crazy-weed), "dulldill" (crazy-dill.) It is one of the Solanaceas, whose powerful properties were known since the most remote times, and used as well as misused. The fresh herb is official in Germany; the seed was formerly. In Southern Europe both the white (H. albus L.) and the golden-yellow (H. aureus L.) hyoscyamus are in use.

Dioscorides (middle of the first century) discusses this poisonous plant quite extensively. He is familiar with three varieties. One of these has nearly purple flowers, black seeds and prickly calyxes; another has quince-yellow flowers, softer leaves and capsules, and yellow seeds like that of the herb-rocket. [*Rauke*, one of the brassicas.] Both of these produce insanity and lethargy, and are unfit for use. The third is adapted for medicinal use and is very mild. It is succulent, tender and downy, has a white flower and white seeds, and grows by the seaside and on rubbish-heaps. If this one should not be available, then the yellow kind should be employed, the black kind being rejected as the poorest.

Suitable for the preparation of the juice are the soft fruit, the leaves and stalks, which are crushed and pressed out and the fluid inspissated by exposure to the sun. It is good for one year only, as it deteriorates easily. The seed of the plant is used in a special way for preparing an extract, being crushed in its dry condition, steeped in hot water and then expressed. However, this juice is better than the natural and is also more pain-subduing. The young shoots are crushed and mixed with wheat flour, formed into little cakes, and preserved in this way. Either of the two kinds of juices mentioned are best suited for pain-relieving eyewaters as well as against violent and hot fluxes, also earache and womb troubles, but when mixed with flour or groats, for inflammation of the eyes, feet and other organs. The seed acts the same and is effective in cough, catarrh, flux, violent pains of the eyes, in female fluxes and other hemorrhages when given in doses of one "obole" (0.7—1 Gram) and taken with poppy seed in honey mead.

This drug furthermore is a good remedy in podagra, swelled testicle and inflammation of the breasts after confinement, when the seed is pounded fine and moistened

with wine and applied as a poultice. It is also advantageously added to any other cataplasms. The leaves made into pastils are usefully added to all kinds of pain-stilling medicines, when applied mixed with groats or by themselves. However, the fresh leaves, in the form of poultice, are the most soothing in every kind of pain. Three or four of the fresh leaves drunk with wine cure malignant fevers. Cooked as vegetables and eaten they produce mild insanity. It is said that when they are given by enema to a person who has an ulcer in the rectum the effect will be the same. The root cooked in vinegar and used as a mouth wash palliates toothache.

Plinius (543, xxv, 35) ascribes the plant to Hercules. He names four kinds: a prickly one with black seeds and purplish flowers; a second and inferior one is whiter, more shrubby and higher than the poppy; a third one has the seed like that of the herb-rocket; the fourth is soft, downy, "fat," has white seed and grows by the seaside, and is the plant used by physicians.

Henbane was employed very extensively in ancient times, being used particularly for alleviating pain, in eyewaters, salves, pastils and decoctions, the fresh leaves in the form of poultices, etc. Celsus speaks of it as a cooling and resolvent remedy. Its bark is an ingredient of a poultice in articular pains; its leaves are contained in an eye salve; the alcoholic extract of its root is used in toothache and its juice in suppuration of the ears.

The peculiar effects of hyoscyamus are due to the alkaloids it contains, namely hyoscyamine, its isomeric, hyoscine (Geiger and Hesse, 1833), and skopolamine (F. Schmidt), the latter present especially in the seed. These alkaloids possess the property of dilating the pupil. The seed and the extract of hyoscyamus are used as calming and somnifacient remedies.

Medieval quacks who traveled from fair to fair made the most of the prevalent superstition about the "worm" [which in itself forms an interesting story]. When the seed of henbane is thrown upon a hot metallic plate or upon an open coal fire, the specific henbane fumes and an empyreumatic odor are developed while at the same time the shell of the dark seed bursts open and lets escape the bright, worm-like germ or embryo. After the quacks had the patients inhale the henbane fumes through a funnel (no foolish medication *per se*), they showed them the "worms" they had "charmed out of their teeth."

Höfler tells of what a great part hyoscyamus played in the folk-medicine of ancient times. The seed was scattered on the oven plates of the bath-houses. It caused the people who were bathing in the tubs to knock them against each other, that is, they became excited and jolly, in which the hot bath increased the narcotic effect.

In former times henbane seed was also given in beer for the purposes of "weather making," i. e., prognosticating. (Toxic hallucinations.) At present only the leaves are used for infusions for sitz-baths in cramps of the womb and rectum. In some regions of Greece the stalks of the white hyoscyamus are used for smoking to relieve toothache. Klein has recently published contributions to the history of hyoscyamus as a narcotic remedy.

Oil of hyoscyamus (oleum hyoscyami), according to the German Pharmacopeia, is made by warming 40 parts of olive oil and 4 parts of hyoscyamus cut up fine and previously moistened with alcohol. It is used as an anodyne liniment.

A very popular emollient, anodyne and antispastic cataplasm for the leg is the following: Hemlock and hyoscyamus, of each one ounce; Venetian soap, half an ounce; pour over this boiling milk and add to it flaxseed meal or rye flour enough to make a thick magma. Put this between linen cloths and lay it on the affected part. —Translation from "Vergleichende Volksmedizin" (*Comparative Folk-Medicine*), by Hovorka and Kronfeld. (Stuttgart: Strecker & Schroeder.)

STROPHANTHUS

As to the question now being agitated as to which species of strophanthus should be

adopted in the new German Pharmacopeia, E. Gilz thinks strophanthus gratus would recommend itself above all others, but thus far this can be obtained from West Africa only in small quantities, so that it must be left out of consideration for the present. He therefore recommends strophanthus hispidus which deserves the preference over the kombé variety, which latter cannot as yet be identified with perfect botanic certainty. Strophanthus hispidus is being cultivated in considerable portions of the German colony of Togo.—*Deutsch. Pharm. Gesellsch. Berichte*, 1908, p. 284.

CERIDIN

This is the name given to the therapeutically active part of yeast. To obtain it, Roos extracted yeast with alcohol, and then converted the fatty acids thus obtained into calcium or lead salts. In this way it was ascertained that the mild laxative effect exerted by sterilized yeast is to be ascribed to a fatty substance which occurs up to 3 percent in dried yeast. This substance consists of an as yet unknown unsaturated fatty acid named by Roos and Hinsburg "ceridin." This substance is of decided efficacy in acne.—*Pharmaceut. Jour.*, 1907, p. 587.

TANNYL: A NEW INTESTINAL ASTRINGENT

Of this new synthetic compound Umber writes: It is a gray-brown powder, rather insoluble in water, and of indifferent taste. It is a tannic combination of oxychlorcasein, and was tried on 42 patients afflicted with intestinal disorders of various kinds. It proved most efficient in the difficult cases, the diarrhea of tubercular patients. It served well in every case of acute intestinal and gastrointestinal catarrh, also in chronic intestinal catarrh in connection with a proper diet, and in severe colonic ulcerative inflammation with bloody diarrhea. Tannyl is given in doses of from 1 to 3 Grams (15 to 45 grains) before each meal daily, in salep decoction or oatmeal gruel, if necessary, until the stools become normal. Children may be given this remedy without the least harm.—*Therap. d. Gegenwart*, 1908, No. 3.

DIPHTHERITIC PARALYSIS CURED BY SERUM

Sicard and Barbe treated an adult person for a severe paralysis occurring after a diphtheritic angina. The paralysis was of the four extremities with a progressive bulbar tendency. The arrest of the trouble was obtained after a persistent and heroic treatment daily with 20 cubic centimeters of antidiphtheritic serum during 27 consecutive days, 540 cubic centimeters in all being administered. In another case, analogous to the above, treated with the same remedy but with smaller doses, it was unsuccessful and the patient died. These observations agree with those of Comby who insists upon submitting such cases to a strong serotherapeutic treatment. Sicard and Barbi did not notice any anaphylactic accidents, nor any local or general reaction. —*Gazette des Hopitaux*, 1907, p. 1723.

[Anaphylaxis": *ana*, up, and *"phylax,"* protector, i. e., hyperprotection. A recent term introduced to describe the pathologic consequences of artificially induced immunity.—ED.]

BISMUTH POISONING

Prior, of Greifswald, describes the following case: An infant two and a half weeks old, beside regulation of its diet, was given, against thin brown stools, 10 Grams (150 grains) of a bismuth salt, of which it was to receive the point of a caseknifeful every three hours. By mistake the mother gave the child the 150 grains within thirty-six hours. The infant's skin on the face, trunk and extremities assumed a greenish gray color, while the lips, mouth and palate appeared deep blue-black. These appearances disappeared after the second day, but there developed on the hard palate some superficial losses of the mucosa which yielded to a few touches with a weak solu-

tion of silver nitrate. For a few days albumin was observed in the urine. The intestinal catarrh was cured after some time.—*Therap. Monatsh.*, 1908, May.

GELATIN IN DIARRHEA

This is recommended by Anzols. It can be given in enemas in doses of from 5 to 10 Grams (75 to 150 grains); internally about the same. Ordinary diarrheas, summer diarrheas, those of pregnancy and old age are cured with gelatin.—*Wiener Mediz. Wochens.*, 1908, No. 25.

FIBROLYSIN IN URETHRAL STRICTURES

Fibrolysin for urethral strictures is recommended by H. Lang. He gave the remedy in intramuscular injections. In one case of fifty-three years' standing the stricture was made soft enough by the remedy to be dilatable. In two other cases fibrolysin prevented for the time being the formation of new strictures.—*Wiener Med. Wochens.*, 1908, No. 25.

EAR-WAX

Imhofer, of Prague, recommends hydrogen peroxide for the removal of cerumen plugs in the ear, although it is warned against it because meatic inflammation is alleged to have followed such application. However the cause of this was that the peroxide in such cases was contaminated with mineral acids and baryta. Imhofer employed an absolutely pure preparation and never met with any irritations from its use in the auditory canal. His proceedure is as follows: The patient lies down with the affected ear upward, the meatus is filled with a 3-percent solution of perhydrol, and to force the fluid well into the meatus the tragus point is pressed lightly into the opening. Abundant foaming shows the effectiveness of the remedy. In five to eight minutes the plug will come out, without the application of force, on merely directing into it a jet of warm water from a syringe The cerumen may come out as a whole plug, or in pieces, or in a pulpy mass. If there already is an eczema in the meatus, then the perhydrol must not be used, and if the cerumen has to be removed, a weak solution of soda should be dropped, followed by syringing the next day.—*Therap. Monatsh.*, 1908, May.

INCANDESCENT-LIGHT-BATHS

Von Strumpell considers incandescent-light-baths very useful in chronic bronchitis and in asthma, but in the presence of cardiac diseases one must be very careful in their employment. He and others hold that these baths should be entrusted to the hands of physicians only, for if left to the lay-people and quacks they may do more harm than good.—*Wien. Mediz. Wochens.*, 1908, No. 29.

BLACK SWEAT

Dr. Blanchard presented to the Societé Francaise dè Dermatologie et de Syphiligraphie at their seance of January 9, 1908, an infant affected with black chromhidrosis. All suspicion and imposition was carefully excluded from the case. The phenomenon was limited to the lower eyelids, and persisted in spite of all kinds of treatment. It would yield completely to some remedies for a while, then it would reappear while you were perhaps looking at the child. On examination it was found that the coloring matter was derived from the sudoriparous glands and that it assumed its color on contact with the air. The substance thus excreted was studied by M. Mailard, who found it to approach chemically to the fuscin of the eye. The child has had some eye trouble and Blanchard tried to discover whether there was any connection between the two phenomena, but could find no satisfactory explanation; however, the variations of this chromhidrosis reminded him of asthmatic attacks. He remarked that the greatest number of physicians deny the existence of this affection, the reality of which nevertheless is unquestionable.—(*La Medicine Orientale*, 1908, p. 83.)

WHY I WRITE FOR INDEPENDENT JOURNALS

The article which follows is reprinted from The Texas Medical Journal, Daniel's "Red Back." If you haven't time to read another thing in this number—read this without fail!

By G. FRANK LYDSTON, M. D., Chicago, Illinois
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WHILE attending one of the sections of the A. M. A. at the recent Chicago meeting, I was asked by a certain ethically (?) hyperesthetic medico-literary snob, who industriously seeks for motes in his confrère's eye regardless of the beam in his own, why I wrote articles for "that fellow X's journal." My answer was that it pleased me so to do. Although I am heartily in sympathy with the moral of a certain Rabelaisan story, which, in effect, is "to h—l with the other reasons," I'm going to expatiate, enlarge, amplify, elucidate and—"conflagrate" the theme a bit, earnestly hoping that the multitudinous ultra-ethical self-labeled medico-literary perfecto will eventually be told what I have to say. Indeed, I'm sure he will, and, moreover, that he will stop browsing among the thistles of discontent just long enough to gather new notes for his raucous, discordant bray—that bray of narrow-minded, illogical protest wherewith alone he attracts the attention of the professional rank and file to himself and, incidentally, of course, to his literary holy of holies, choked to the brim with intellectual sweepings from other men's garrets.

Obviously I am not bidding for popularity with certain self-styled journalistic "leaders."

The feature of the better class of independent journals that appeals most strongly to me is the mere fact of their independence in wearing no brand or collar. As matters medico-literary are now trending, the day is not far distant when the average practitioner of medicine will have no medium of expression, no literary representation and no literary pabulum of practical value within the comprehension of the average medical mind. Medicine is fast becoming so scientific, so turgid with "things that ain't so," or which are at least "under suspicion," that the main purpose of medicine, the healing of the sick, bids fair to be lost in the maze of laboratory experimentation and illogical deductions from mentally indigestible "facts"—scientific bricks without straw—from which none but a wizard could build an enduring fabric. What boots it to the practitioner of the cross-roads that there be opsonins and opsonic indices? He has neither the technical training, the appliances nor the time to practically apply them in his daily work. Besides, who knows how soon the opsonins will be gathered to the snows of yester-year?

I fancy I hear the ultrascientific ones cry: "Let the practitioner of the cross-roads and the hamlet hie him to the postgraduate school and cultivate—at so much a cultivate

—'the optic sharp I ween that sees things which are not to be seen.' Let, also, the student of medicine be more thoroughly prepared in things scientific."

As to the postgraduate school, it often makes confusion worse confounded. Abdominal and other special surgeons "made while you wait," men who entered the mouth of the hungry P. G. school, passed immediately through its short, angleworm-like *primæ viæ* and promptly tumbled down the back steps with a special-course certificate in their hands, have not seldom outheroded Herod—which means that where the haughty professor of the special P. G. course hath slain his dozens, some of his half-baked special students have slain their scores, aye, hundreds.

Once on a time I was asked to respond to the toast, "Post-Graduate Schools." (Be it understood, I myself was a P. G. professor then.) My speech was short and sweet. It was as follows:

"Gentlemen, in response to the toast I will merely relate a story: Mascagni, the great composer, was once visiting New York. While standing at his window in the Fifth Avenue Hotel, he chanced to hear the agonizing shrieks of a hand-organ. He listened and to his horror caught the strains of a discordant attempt at his own favorite composition, the *Cavalleria Rusticana*. He rushed madly down the stairs, seized the greasy organ-grinder by the shoulders, shook him and cried: 'You play eet horrible! De tempo ees wrong! Play eet dis' away.' Suiting the action to the word he proceeded to illustrate as best he could on the wheezy old organ. The next day as Mascagni was strolling in the neighborhood he saw a crowd gathered around an organ-grinder who was murdering the *Cavalleria Rusticana*. The great composer approached the crowd, peered through and saw his compatriot industriously working away at the same old organ. On the front of the battered musical relic was a large placard which read, 'Signor Pietro Sylvestre—Pupil of Mascagni.'"

Our medical schools are responding with alacrity to the demand for ultrascientific training. The *ultima thule* of medical teaching in some quarters apparently is the manufacture of half-educated scientists, not trained physicians. Here is an illustration of some of the brilliant results. I recently had occasion to inquire into the knowledge of materia medica and therapeutics possessed by a recent graduate of a well-known school, who, by the way, was one of the ten "Honor Men" in his class:

Question—"What is the botanic name of the plant from which opium is derived?"

Answer—"Poppy, I think."

Q.—"What is papaver somniferum?"

A.—"Poke root."

Q.—"What are the alkaloids of opium?"

A.—"Morphine and atropine."

Q.—"What preparation of aconite would you ordinarily prescribe internally?"

A.—"Why, aconite."

I suggested that the tincture was an eligible preparation, and informed him that there were two tinctures.

Q.—"Which tincture would you give to a child?"

A.—"The tincture of the root, because it's the milder."

Q.—"What dose of the tincture of the root would you give to a child six months old?"

A.—"Oh, about one-half a dram every hour."

Q.—"Given the same child and a stimulating expectorant being indicated, what would you give?"

A.—"Carbonate of ammonia."

Q.—"In what dose?"

A.—"Oh, twenty grains every three hours."

Be it remarked that materia medica and therapeutics are taught in the sophomore year in the school from which this gentleman graduated. The treatment of disease is taught before the *raison d' etre* of treatment has dawned on the student's mind. But, this newly fledged graduate knows a lot about the embryology of the chick—he had watched it for weeks—the nervous anatomy of the frog, neurons, opsonins and things—which knowledge is not likely to save from massacre the first hapless infant he treats.

The independent medical journal meets the demand of the everyday practitioner who wants to know "what to do." The self-styled high-class medical journal—and there is really only one "high-class" journal, you know, which is climbing so high that its head looks from below very like that of a pin—often gives him a stone when he asks for bread. He seeks for light on the treatment of disease, and on looking over the menu card presented by the "most high," he finds such things as "My Last Thousand Cases of Excision of the Calamus Scriptorius," "My New Postural Method of Catheterizing the *Iter a Tertio ad Quartum Ventriculum*," "The Opsonic Index in the Care of the Second Bicuspid," etc.; and editorials in which the mantle of dignity conceals vast intellectual abysses. In despair he turns to that cemetery in which so many fond therapeutic hopes lie blasted and buried under tons and tons of therapeutic nihilism, Osler's "Practice"—and still he finds no balm in Gilead. And then he turns to the independent journal and is consoled—which is a blessing, e'en though he be sometimes cajoled into belief in things unsubstantial. And the proof of the pudding is that thousands upon thousands of doctors buy and read the very journals upon which the "lily whites" of medical journalism frown so blackly.

The practitioner knows full well that his patient wants something more than a diagnosis. When that has been made the ultrascientific (?) doctor may be satisfied, but the afflicted one, like Chimmie Fadden, says, "That's all right, Doc. But, what t'ell?" And just because medical science has whored too much after strange and weird scientific gods and has not told the patient "What t'ell?" quackopathy flourisheth in the land and the high priestess of modern humbug, Mary Baker G. Eddy, hath built sundry and multitudinous gold and marble palaces like unto the temple of Solomon. And, by the same token, any quackopathy which is not intrinsically murderous and is a harbinger of hope, is often better than acute paranoia antitherapeuticum Baltimorensis, which sets forth in dismal colors the disease, and threads the gloomy picture with not one silver strand of hope. Given a little hope, even though it be ill-founded, and the patient is likely to be better off than in the possession of the most accurate diagnotic knowledge which a pessimistic, ultratherapeutic nihilist can offer.

Be not vainglorious and puffed up, O ye macrocephalic ultra-"ethical," ultra- "scientific" Philistines. Time was when Hahnemann was the medical anti-Christ, the black beast of medicine. And here we are in the midst of an organotherapy which suggests that the sometimes befuddled Samuel builded wiser than he knew. Autovaccination suggests to me that my unfavorable opinion of my old hospital chief's—Dr. Carnochan—prescription of triturated ch ancrum durum for syphilis, expressed nearly thirty years ago, might have been a bit hasty.

Do you know, Brethren, that my admiration is daily excited by the magnanimity of the homeopath? And he excites my sympathy, also. Of late years he has been tumbling over himself to get into our band wagon. If he had only bided a wee! We are fast climbing into his. We call things by different names, but—"a rose by any other name would smell as sweet." Autovaccination and *similia similibus* do not make good rhyme, but they smell an awful lot alike—so much so that I have taken the sole surviving copy of my lecture on "Homeopathy and Its Congeners," delivered a quarter of a century ago, and hidden it under my study floor. And now daily am I reminded of Poe's "Tell Tale Heart" and of his Raven's doleful "Nevermore."

The ultrascientific one who does not overmuch believe in treatment and recognizes naught but the scalpel and hemostatic forceps sometimes marvels that anyone could condescend to read, much less contribute to, our independent journalistic media of medical expression. "Nothing in drugs," he wails; "send 'em to me and I'll cut 'em." He forgets that modern science has not yet conquered the lay aversion to the knife, nor the honest practitioner's belief

that, after all, the knife is often a confession of our limitations and weakness. And there is much in the training of the experienced practitioner which inspires him with therapeutic hope in a vast number of the ills of the flesh. By drugs he can produce anesthesia, local or general, relieve pain, produce sleep, stimulate or depress the circulation, allay nervous irritability, aid digestion, relieve constipation and hepatic torpor, produce emesis, diaphoresis and diuresis, antidote malaria, and cure syphilis. What wonder that he has confidence in drugs *per se* while rather skeptical of our knowledge of them? "There must be a remedy. If I only knew" is a brow-contracting reflection familiar to the conscientious practician. And so long as there are sick ones to heal so long will he search for remedies—and so long will he read and believe in the literature that offers therapeutic hope.

While writing this I recall with some amusement the comparative merits of the gentleman who asked me why I wrote for X's journal and of X himself and his staff of journalistic colaborers. Nature did much for both men, but X made his own opportunities while fate fairly showered them on his critic. Death's remorseless scythe swept out of the critic's path life after life that stood between him and professional position. What fate did not accomplish, great wealth and high social position wrought—and wrought well. What he is was made by the hand of fate—albeit I grant that the original material was pretty good stuff. As for X, the good stuff in him was molded by the hand of X himself under the stimulus of grim necessity.

And now my friend X owns and operates a medical journal which reaches, instructs and holds more of the rank and file of the medical profession than most extant publications. Associated with him are two of the wisest and best therapists that this country has ever produced. And the journal is doing good. It is not always right, and is sometimes a bit "woolly," but in the main it is doing good by giving the average practitioner not only instruction but a medium of expression.

Apropos of the snobbish question, "Why do you write for X's journal?" I myself have something of an eye to the "medium of expression" end of medical writing. If I have anything of value to say, I fancy that it does the greatest good to the greatest number in the journal that reaches the largest number of average general practitioners. Moreover, there's where it does *me* the most good—and be it remarked, I am not one of those who profess to be writing "for the good of humanity" first, last and all the time. I believe that the product of my pen which does the profession and humanity the most good is the stuff that is most likely to do me good, and *vice versa*. The hypocrisy and conceit of the medico-literary snob with a heaven-born "message" make me seasick. The pinheaded egotist wasting midnight oil in compiling ideas—or "facts," rather, for an idea would addle his composition—from other men's work for his message to an eagerly expectant scientific world is a spectacle for gods and men! And what shall we say of the toiling brother, primarily infertile of brain, and who, dreading the pains of even the mechanical operation of literary parturition, merely affixes his name and manifold unearned titles to a compilation prepared by some poor devil of a medico-literary hack? I once heard vociferous and earnest applause at an overflowing meeting of a great medical society rendered a paper which had but one original line in it—the name of the author—and that was composed by his parents and written by his typewriter. Alas! poor literary Adam. And this is the sort of stuff that fills some of our ultra "high-class" journals to overflowing.

Once on a time an inky-handed pirate on the literary high seas published as his own in a high-class Eastern journal an article of mine written and published more than fifteen years before. He did not alter a line—scarcely even a word of it. Yet it was taken as original stuff by the aforesaid journal. The literary buccaneer is now editing an ultra-classy medical journal to which none but the literary elect among authors need apply. Those who are interested will find the above matter well ventilated in the *Jour-*

nal of the A. M. A., several volumes ago, in an article by me entitled, "How to Write a Medical Article—A Plea for Plagiarism"—which is a sad commentary on some "high-class" journals and their recondite editors.

"Humanity? "Science?" For the pin-heads "humanity is I, writ large," and science is an incoherent jumble of indigestible "facts" and dangerous excreta from the intellectual bowels of threadless wanderers in up-to-date laboratory mazes. But the flies on the chariot wheel, the "ultras," do not "'fess up," so let's pretend that we believe their sniveling hypocritic "science and humanity" drivel, while contritely acknowledging the hope that whatever we do for science and humanity may incidentally do some good to ourselves—and some more *vice versa*.

One of the principal objections of the "super-perfects" in medical literature offered to the independent journal is the character of its advertisements. Time was when that journalistic mentor, the *Journal of the A. M. A.*, would take almost any old thing in the way of a paid ad. Wherein lies the change of front? Is it a matter of conscience or a fat-bellied prosperity that no longer needs or craves the flesh-pots of Egypt? Once upon a time this ad. appeared in its columns: "Wanted—A gentleman, past middle life, who has been incapacitated by a surgical operation for the performance of his conjugal duties, would like to meet a lady similarly situated. Address, No. 1001, Journal office." What has happened? The same editor—salaam, please—is in charge, and the trustees haven't changed all around. Item: They couldn't; the political machinery is too perfect. This is not a kick, but a compliment. Once more, salaam, O ye faithful.

No official notice was taken of the ad. above mentioned, so I infer that it "went," as a matter of course. Really, somebody must recently have injected a large dose of ultra-ethical serum into the veins of the reigning medical dynasty. The tin gods will please sit up and take notice. They can not quite hide their light of goodness under the bushel of modesty.

But the reigning dynasty has not yet ceased straining at gnats and swallowing camels. It is still possible to advertise in its columns "legitimate" preparations that would under no circumstances be admitted into its reading matter. Under which king, Bezonian—Hypocrisy or Flesh-pots?

A special feature of the independent medical journal which commends itself to me is the possibility of individual expression in its editorial pages. Vigorous independent thought trenchantly expressed is what the medical man most needs. And the thought expressed should not always be medical dry bones. Medicine is broad. It should embrace things literary, political and sociologic. Take the editorial columns of the independent medical journals away from him, and the overworked practitioner will be in a bad way for intellectual pabulum. The editor of an official "society organ" who should venture to express himself in terms stronger than a literary milkshake couldn't hold his job for twenty-four hours. Take away editorial independence and what would the organizers of a professional monopoly or a medico-political trust have to fear? What check would there be on their system? Why, they would not meet even criticism of any degree of potency.

The leaven of consolidation, unification and trustification is working most potently. By and by the firmament of American medical literature will contain naught but a central literary sun and his satellites, the "State" journals. The independent journal that has been the representative at court and the great educator of the medical rank and file will be no more—and the rank and file will die of intellectual inanition, starved to death on the mental breakfast foods prepared by the great medical trust whose bat-like wings are already casting baleful shadows over the profession. The average practitioner will hunger and thirst for intellectual pabulum—and he will get the shavings and gelatin broths dispensed by the hierarchy. The handwriting is on the wall.

Oh, for the pen of a Molière or the merciless and clever literary caustic of a Voltaire! Nay, I do but overglorify my theme; the

drollery of a Josh Billings, an Artemus Ward or any wearer of the cap and bells would be about the right size of shot to fire at this particular bird.

If only I had the genius—big or little—what a picture I would now paint on my reader's mental screen. The incident I am about to relate apropos of ethics in high places combines more diverse elements of sincerity, hypocrisy, buncombe, drivel, humor and pathos than anything I ever heard of.

A certain medical man—big, brainy, square-toed and altogether lovable—felt called upon to explain to a certain official medical body the publication of his picture amid a group of other distinguished physicians in a certain newspaper. "I called at the newspaper office," he explained, "and demanded the picture. I was informed that it was the property of the paper. I find that I have no legal means of redress," etc., etc. This in face of the fact that the eminent gentleman's name has appeared in connection with the treatment of prominent citizens oftener than that of any physician in the country. Why, I once saw it in two or three separate places in the same paper! Not long since his attendance on a certain multimillionaire and his large fee for the same were newspaper talk by the column for days and weeks. Oh, fudge! old man; why didn't you tell 'em to go plum straight to h—l? Manly expression—and you are a man, if ever there was one—is cheaper and thicker—aye, and more beautiful—than whitewash of the auto variety. Why should not the eminent medical man be as much public property and of as much public interest as though he were a lawyer or a statesman?

The struggle of the medical babies to keep their erythematous rear elevations covered with the ethical garments inherited from our medical daddies is agitating to one's sense of humor. No use; our professional daddies didn't employ wool soap! Still less did they use good horse sense—if they had, they would have realized that the medical man is a creature of his environment and must adapt himself to it or be a social anachronism and a political nonentity.

Moral: Don't be a clam merely because the paleozoic senilescents of a dead and gone medical age were contentedly stuck in the fossiliferous mud on the shores of the ocean of progress. Let the dead past bury its dead—and bury it deep, and let us not often open the doors of our ethical museums.

It has occurred to me that the ambition of the doctor to own and operate a medical journal is conducive to the best interests of the profession. The medical editor has in general stood for what is best in medicine. He has often gone astray, it is true, and has sometimes pandered to the proprietors of worthless or doubtful drug-preparations, but on the whole the profession has benefited by the influence of the independent medical editor. He has been our watchdog in a way, and while by no means perfect—he is human, you know—has been a pretty creditable part of the body professional. Where he has made a living out of his journal he has been useful by demonstrating a bread-and-butter outlet for the energies of medical men, and we have, alas! only too few such resources for physicians.

Had I ever wavered in my opinion as to the ethics of contributing to independent medical journals, my faith and courage would have been restored by something I saw a few short weeks ago in a journal which the ethical ultras regard so unfavorably that they throw an autotoxic fit and roll up their eyes like a dying jack-rabbit whenever they hear it mentioned. It was an article by "Saint George," of Philadelphia. And, *mirabile dictu*, it was headed by his picture! Think of it—the peerless St. George, the erstwhile *arbiter elegans* of medical literature, slayer of ethical dragons and mastodonic medical hypocrites and humbugs, peerless knight of the medical ink pot, had an article and picture in a journal owned and controlled by a manufacturer of pills and "sich!" And—oh, joy! I had an article—with picture—in the same issue of that proscribed magazine. Shall it longer be said that Munyon with his awe-inspiring index sweeps unopposed on his majestic way? No, a thousand times no.

Verily, "the world do move."

[There is only one Frank Lydston! Also, only one "Red Back"! It was therefore eminently fitting that this powerful article, every line a stiletto for hypocrisy and pretense, should appear in Daniel's journal. Lydston's reasons for writing for the independent journals are excuse enough for publishing one. So I'll keep at it! We men who have grown up *free* somehow don't work well under the yoke. We must have liberty to speak the thoughts that rise up within us, to work out our ideals in our own way. Thank God there are Lydstons and Daniels.

I promised to reprint that nice editorial in which the "Red Back" spoke so nicely of me. Can't do it this month—I'm saving it. Splendid ammunition—*splendid!*—ED.]

WHY I SPECIFY AND YOU SHOULD

The excerpts published in your July number from Dr. Robinson's article on the proprietary remedies will doubtless stimulate wider discussion of the subject, for many of us must have some ideas on the matter, though few can express them so forcibly as the editor of *The Critic and Guide.*

A certain manila-bound booklet of 32 pages is being sent by interested parties to physicians generally I think. Its title is: "Some Important U. S. P. and N. F. Preparations," and its avowed object is to persuade the doctor to prescribe these preparations in place of the proprietaries thus (say its authors) discouraging self-medication.

This is a laudable object but not an entirely frank statement, for while offering nothing better, in most instances not as good, to the doctor the druggists themselves will admit that as there is more profit to them in the official and National Formulary mixtures than in the proprietary article which they are designed to replace, this (more money to them, regardless of the doctor and his patient) is the real meat in the coconut. The book is compiled, published and distributed by the "U. S. P. and N. F. Propaganda Committee of the National Association of Retail Druggists."

Now to appear as the advocate of or apologist for proprietaries in general would seem strange to me, for I have always been strenuously opposed to secret formulas. A few years ago when we were flooded with that kind of thing I wrote several acrimonious letters to certain manufacturers of secret nostrums, receiving some spicy replies which now make rather amusing reading. This was long before anyone had begun to protest in public print and when all medical journals, including the *J. A. M. A.*, then almost the worst offender, carried advertisements of these remedies of secret composition. So I cannot be accused of bias in favor of proprietaries as a class.

But there are proprietaries and proprietaries. The preface to the little book says: "The physician, however, will find the U. S. P. and N. F. preparations *superior* (italics mine) ones with which to replace trade-named articles." Let us see.

Among the articles we are asked to use substitutes for are, for example, the following: Lysol, Fellow's syr. hypophosphites, Gude's peptomangan, and Fairchild's essence of pepsin. We are expected to believe that the average pharmacist, with his limited space and equipment and his interrupted time, can extemporize a preparation superior to that on which the manufacturers have expended brains and money for years.

Take for example Fairchild's essence of pepsin. I learned years ago that if I wanted to prepare whey for a sick baby (as I often do, to bridge over the interval between albumen water and the gradual return to cow's milk in a bottle-fed infant) that I must specify Fairchild's. Other makes might look, taste and smell the same, but they would not coagulate casein satisfactorily. So I specify "Fairchild's" and make no apology to any man or set of men for doing so. If Fairchild can make better essence of pepsin than others can, he is entitled to my pepsin prescriptions, isn't he? My patients are entitled to the best I can procure for them, are they not? and knowing this wouldn't I be a professional fool not to see that they get it?

"The tools to him who can use them," my custom to those who can win it by superior excellence in their product. The

N. F. pepsin as I have tried it won't make whey, and a pepsin that won't do that, when you want whey, is like a gun that won't go off when you want it to go—both useless to me, even if "authority" recommends and sanctions them.

There is Gude's peptomangan. It is recommended by "beauty doctors" as well as others and so is properly rather under a cloud, but it is a fine preparation of iron and manganese and one whose value I have demonstrated by actual blood count after the patients had used it.

The prescription of the medicine in the unbroken bottle with the name blown in it, as recommended by the manufacturers of this and other preparations, is a certain way to teach the laity to prescribe it for themselves, and this is not necessary—should not be done. I write for liq. ferri peptonati cum mangano in a 6-oz. bottle and add, "Gude." I write for "lac-bismo (Hart)" too. The only thing secret about it as to how they get their bismuth into a complete suspension and make it stay there, but if they can do it (and they do) and my druggist or I cannot do it—and he can't and I won't try—then why not use their elegant preparation in place of the pasty mess the druggist makes up? Why not? Are we working for the druggist or for our patients' good and our own reputation.

So, without apology to The National Association of Retail Druggists (of whom more anon) or to Mr. Bok or to the Council on Pharmacy or to anyone else (even that slick schemer, Mr. Hallberg) but solely on the ground that the man who can make something better than other men can make is entitled to its use. I specify "syr. hypophos. comp., Fellows;" "ess. pepsin (Fairchild);" "pil. Blaud (Warner);" and a few others, and I should be ashamed of myself if I did not do so.

I trust that I could give a fairly accurate account of the ingredients of these preparations and so satisfy Mr. Bok, whose campaign against patent medicine was so admirable that we can hardly reply with much bitterness even when he attacks us unjustly.

With one of the avowed objects of the little book no one can find fault, viz., to promote cordial relations between pharmacists and physicians, but I have so far found no druggist whose friendship I have forfeited by specifying whose particular "make" of any given drug I preferred. I stand by the man or the medicine who stands by me.

F. L. ROSE.

Chicago, Ill.

U. S. P. AND N. F. PREPARATIONS VERSUS PROPRIETARY ONES

[The article which follows was read by a druggist, Mr. Addison Dimmitt, before the Kentucky Pharmaceutical Society, at its June meeting, and is reprinted from *The Kentucky Medical Journal*. We have taken the liberty of reproducing it because in discussing this important question it has seemed to us eminently fair in tone and generally sound in reasoning. Such a presentation should appeal to the doctor. We commend Mr. Dimmitt's article, and his mental attitude, to the rabid and unfair on both sides. We shall make a few comments throughout.—ED.]

This very interesting and important question is now receiving more consideration from the allied professions of medicine and pharmacy than possibly any other subject. The American Pharmaceutical Association, which is the standard bearer of higher ethics for the pharmaceutical profession, has for years made a strenuous fight against the encroachment of proprietary preparations, and through its constant efforts great good has been accomplished, and rapid strides are being made by it to bring the profession of pharmacy into its proper sphere.

The American Medical Association, cooperating with The American Pharmaceutical Association, has taken active steps during the past two years to separate the meritorious proprietary preparations from the frauds and impositions that have been foisted upon them. Their work is still in its infancy, but if pursued on proper and

reasonable lines, will prove of great value, not alone to their profession but that of the pharmacists and the laity as well. [May we emphasize the words, "proper and reasonable"? Any reform work, in order to accomplish the best results, must be carried on in a generous, helpful and *constructive* spirit. Has such a spirit *always* characterized the Council?—ED.]

All druggists agree that from the standpoint of ethical pharmacy and from monetary considerations, proprietary preparations should be eliminated, as they have become a burden. In support of this assertion every druggist will testify by exhibiting shelf after shelf of partly consumed packages of proprietary and special makes of pharmaceuticals, which represent a tremendous loss to each of us. This naturally brings up two questions, the cause of this condition, and the best method of correcting it.

The principal factors contributing to the use of proprietary preparations by physicians are three: first, the physicians themselves; second, the manufacturing pharmacists and specialists, and lastly, the retail druggists.

We shall first consider why physicians use proprietary preparations. If you will inquire of the deans of the various medical colleges of this country whether they teach pharmacy as it is taught in colleges of pharmacy, they will readily admit they do not, consequently, the average physician's knowledge of pharmacy is very meagre; of the compatibility, solubility and chemical changes in drugs and chemicals, he has but a limited knowledge. His study of chemistry is confined principally to urinary analysis and toxicology and his study of materia medica is largely confined to the therapeutic action of drugs. As to the proximate principles contained in them, and how to extract and combine them with proper menstruums, etc., he knows little. As to the branch of pharmacy proper, he has virtually no experience in making preparations. This is the position in which the average physician finds himself when he graduates from a medical college. Owing to the tremendous field that the study of medicine presents, the student does not have time, in the limited course, to go into the details of pharmacy, materia medica and chemistry as he should. This, of course, reflects no discredit on the physician, whose ability to master these details we do not question, but merely illustrates his lack of opportunity to combine thoroughness in pharmacy with his study of medicine.

With this limited equipment in pharmacy, the average physician is in a receptive mood to listen to the detail man for proprietaries and the representative of manufacturing pharmaceutical houses who tells him many truths and a great many untruths. The detail man for proprietary preparations will naturally present his subject-matter to the physician in a most attractive manner. He will call the physician's attention, first to the formula, which, if it be a legitimate proprietary, will give the proportions of all active ingredients, vehicles, etc. He reinforces this by reminding the physician of the guarantee under the pure food and drug law, prohibiting him from misrepresenting a single ingredient. He will then impress upon the physician the fact that it differs materially from any formula published either in the U. S. P. or N. F., suggesting that if the physician prescribes that character of medication, he must naturally use either proprietary preparations or a substitute for a proprietary made by some manufacturing pharmaceutical house, or formulate a similar combination himself.

A substitute preparation presents no advantage over the original proprietary other than being cheap, and is in most instances inferior. Substitution is a species of theft and should be discouraged by all honorable physicians and druggists. [I have italicized this sentence, because I believe it deserves emphasis.—ED.] As to the physician formulating a compound similar to the one presented, the objection arises that in many instances the druggist to whom the prescription would be taken would not have the proper ingredients to compound it or if he should have the ingredients, there would be a lack of uniformity in the finished product.

I have been told by physicians that they have sent the same prescription to a number of drugstores, reliable ones at that, and they did not find that any two of the druggists compounded the prescription alike so far as appearance and palatibility were concerned, also that the prices charged for compounding the prescription would be, in many instances, greater than that charged for filling an equal amount of a proprietary preparation. [Every practising physician can relate similar experiences. This is particularly true of N. F. imitations of proprietaries. Note Dr. Rose's experience with imitations of Fairchild's essence of pepsin, page 1223.—ED.]

Some physicians might say: "I do not prescribe proprietaries, I confine myself to the U. S. P. and N. F. preparations." The detail man would next ask him if he does not use solution of adrenalin chloride, argyrol, panopepton, trional, etc., all of which are proprietary preparations. He generally admits he uses some, if not all of them. Then the next question of the detail man would be, "Why, Doctor, do you use these preparations? It is not consistent with your original remarks." He replies, "Because the U. S. P. and N. F. do not give formulas for similar preparations, and as I find them indicated, I naturally use them and *with uniformally good results.*" This latter word is the keynote. *Results he wants and in the quickest manner possible, irrespective of whether the preparation is U. S. P. or N. F. or proprietary.* [Right you are, Brother! You struck bottom that time. Results the doctor wants, and results he will have, no matter what "powers" may be exercised to limit or direct his choice. No blackmailing of remedies which help the doctor to cure his patients, because of minor defects in manufacture, form of package, label, literature, or mode of presentation will "sidestep" the doctor *if the remedy does the work.* That's a thing that theorists overlook.—ED.]

My observations lead me to believe that the tendency of the average physician is in favor of the U. S. P. and N. F. preparations, but as *potency, uniformity and palatability are the objects sought they will unhesitatingly prescribe meritorious proprietaries that give them results.* [And they *should* so prescribe them. The doctor's duty is to save human life—not split hairs.—ED.]

The next factor that exerts a most powerful influence on the physician in the use of proprietaries and substitutes for proprietaries in lieu of U. S. P. and N. F. preparations, is the manufacturing pharmacist. Some of them originate special formulas of their own, which they proceed to copyright, using fanciful names and detailing the medical profession with them, but their greater output are substitutes for well-known proprietaries. Their argument with the physician and druggist is that they can sell them something similar to such and such a preparation at a great deal less cost.

I will refer to the remarks of Dr. Wm. J. Schieffelin before The Manhattan Pharmaceutical Society, which will bear directly on this point. In part he says that his own firm had prepared and placed on the market an excellent elixir of heroin and terpin hydrate, which proved successful: His firm had a large business with it the first year. The next year, however, the business fell off, for Parke, Davis & Co., Sharp & Dohme, Eli Lilly & Co., and possibly a half dozen other manufacturing pharmaceutical houses, were selling elixir of heroin and terpin hydrate. *If a trademarked name, such as herotropin, had been given to the elixir, instead of a simple descriptive name, he believed that his firm would have continued to lead in the sale and would have been able to make a little honest money.* [Exactly! And why shouldn't they? They had done a service to the medical profession, for which they deserved reasonable remuneration. Does the "swiping" of their product encourage them to more such original work? Not on your life!—ED.]

The fact that manufacturing pharmacists have many methods of reaching the physician, with the extensive line of goods they prepare and the great number of salesmen and detail men employed by them, accounts, in a measure, for physicians specifying not

only their proprietaries, but even special makes of U. S. P. preparations. As an example of this I quote fluid extract of cascara, U. S. P. On our shelves we find from four to six different makes of supposedly the same thing, yet we are compelled to keep them in stock because physicians specify such and such manufacturer's make. This holds equally true with a great number of other preparations, such as wines, elixirs, syrups, etc., that are prepared after formulas similar to those in the National Formulary.

Some of the manufacturing pharmaceutical houses pose before the medical and pharmaceutical world as perfect models in their professional conduct. They preach it through their representatives and the trade journals without ceasing. It is even said that they are in close touch with the Council on Pharmacy, for whose existence The American Medical Society is responsible, and whose duty it is to draw a distinction between things ethical and things that are not, yet my investigation shows that there is not a manufacturing pharmaceutical concern in this country that does not own or foster proprietaries and also make and actively push the sale of replacers or substitutes for reputable proprietary preparations. [There is at least one that doesn't.—ED.]

Now as to the part of the average retail druggist. The writer does not pose as an expert pharmacist or chemist in any sense of the word, but simply as a practical pharmacist, and his observations are based on many years' experience in the retail drug business and eight of these years as a member of the examining committee of the Kentucky Board of Pharmacy. What I may say in reference to my brother druggists will not, I trust, be considered personal, for I am speaking in a general way. I do not know among my acquaintances in the retail drug business but one man who is an ethical pharmacist in its fullest and truest sense, and with this man it has been his life's work; he has labored unselfishly, year in and year out, trying to elevate to its proper position the profession of pharmacy, and he is none other than our honored member and co-laborer, Professor C. Lewis Diehl. The average retail druggist, as we find him today, is sadly deficient in pharmaceutical education and lacks practical knowledge and skill in preparing the U. S. P. and N. F. preparations. As a striking proof of this, at a meeting of our local druggists' association some months ago the question of preparing samples of the different N. F. preparations and detailing the physicians of our city with them, was discussed, all agreeing it was a step in the right direction. As the best method of putting this into effect, one of the druggists suggested that each of us prepare a certain number of samples of the preparations, and that they be distributed by subcommittees. After a general discussion of the subject, the concensus of opinion among those present was that it would be impossible to secure uniformity in the preparations, and for that reason it would be impracticable, and so it was abandoned. [This is an important admission by a square man. And yet *all* doctors are being urged to replace the proprietaries with N. F. substitutes!—ED.]

I cite this merely to show that the retail druggists themselves recognize the great difference in their methods in preparing N. F. preparations. There are many druggists in our state who are eminently qualified to compound in an elegant and correct manner any prescription or manufacture any pharmaceutical they may be called on to prepare, but they are the exceptions, for the larger percentage of druggists have a most superficial knowledge of pharmacy. We constantly find apprentices coming up for examination before the Board of Pharmacy to become qualified druggists (and their knowledge reflects that of their employers) who unhesitatingly admit in their answers that they make all their tinctures from fluid extracts. They cannot give the ingredients of paregoric or of compound cathartic pills and yet they believe themselves competent to conduct a pharmacy. [Should the doctor be "compelled by law" to prescribe, when the majority of druggists are "superficial" and many incompetent?—ED.]

I have heard some of these druggists say, of what use are the U. S. P. and N. F. to them, since physicians do not prescribe preparations made after their formulas. They do not seem to realize that to a great extent it is possibly their own fault that their physicians do not use them. If they were proficient in their profession and could prepare these preparations in a correct and elegant manner and exhibit them to their medical friends, it would rapidly develop the confidence of the physicians in the druggist and naturally increase their use of these preparations. But no, they stand out and denounce the use of pharmaceutical specialties and proprietaries and make no effort to do their part to correct it. [That, Brother, is another keynote. Every preparation and every man deserves and will win success only in proportion to its or his actual merit. —ED.]

In a speech by Dr. Wm. C. Alpers, delivered at a druggists' meeting in New York, speaking of the retail druggists, he said:

"There seem to be two kinds of ethics among us, one for association use and the other for private consumption. The average member of the association subscribes to a very charming and delightful system of ethics as propounded in the association and then goes home and acts upon a wholly different basis." And there is a lot of truth in his remarks.

If this question be sifted down to find the real reason why such a hue and cry is raised against proprietaries by the average retail druggist, *you will find it a matter of monetary profit with them, not ethics.* This is in a way very natural, for there are few of us, if any, in the business for the mere pleasure of it. *The almighty dollar never loses its charm, nor do we cease to strive for it. If one of you here today had originated a new formula or discovered a new remedy which possessed unusual merit, would you not at once protect it under our laws and join the despised set, the proprietary men? With possibly the one exception of whom I spoke previously, I do not know another druggist who would not do so. I believe every druggist who is fair-minded recognizes that a legitimate proprietary has its field.* [Italics mine.—ED.] I am not speaking of frauds, impositions or cure-alls, but such products as have proven their worth. It is due to the pharmaceutical specialists of this country that a great number of our most valuable remedies and combinations have been placed before the medical profession, and it is also due to these same specialists that the National Formulary gives you similar combinations, for a large percentage of the formulas contained in it were suggested by proprietary formulas. *If there had been no incentive to the pharmacist or chemist, in the way of profit, to originate these proprietaries, they would never have been placed before the medical profession, nor would we now have similar preparations in the National Formulary. Therefore, Gentlemen, you must admit that proprietary preparations have accomplished some good to the medical and pharmaceutical professions by originating and developing new remedies and combinations, and by so doing they, in many instances, represent advanced pharmacy.* [I can't improve upon that!—ED.]

In an abstract from an address by Dr. Geo. Dock, of Ann Arbor, Mich., before the section on Practice of Medicine of The American Medical Association, Boston, June, 1906, he says: "How to secure the really valuable new remedies is the problem now before all therapeutists. Repression by force or by enactment can never serve against such a condition. The right to investigate, to discover, if wished for, to patent new remedies, need not be curtailed. Authoritative bodies, governmental or otherwise, can do much to assist in determining the status of such products; but the final verdict must come from the great body of practical therapeutists, the physicians in actual charge of sick people. Such a body as the Council on Pharmacy and Chemistry of this Association may perform an important function in making impartial examinations and reports on new substances of obscure compositions; but it cannot determine whether or not such substances shall

be used. The American Pharmacologic Society can also carry on an equally valuable work in making further tests; but no such body can be depended upon to disclose all the good things and repress the bad, and just as far as it prevents the development of the spirit of responsibility and of criticism on the part of the physician will it do harm. Medicine has never been successful when bound down by traditions, schools and authorities. It has only flourished when it made use of every resource science or chance can bring, whether the cinchona bark of the savage, the hydrotherapy of the peasant or the synthetic compounds of the university professor, testing all things, holding fast to the good." [I like that splendid, broad-gauged, independent statement. In it lies the foundation for true progress.—ED.]

The Pharmacopeia and National Formulary are now the law of the land and their standards must be followed unless the label specifically states the difference. Thus is the great medical revolution made possible by the new pure-food law. It behooves everyone to respect the Pharmacopeia and National Formulary now, even if he has not done so in the past.

So in conclusion I will say that we, as retail druggists, should encourage, by every honorable means, the physicians of our acquaintance to use the U. S. P. and N. F. preparations, but at the same time we must recognize that there is a legitimate field for pharmaceutical specialties. They have existed and will continue to do so as long as progressive pharmacy and medicine demands it.

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[This is the fairest, squarest, most honest presentation of this subject that I have seen. I can indorse practically every word of it. It should be read and reread, for it gets down to fundamental principles. Whenever we meet splendid, broad-guage druggists like these, we (even though dispensing doctors!) feel like grasping them by the hand. We can "get together."

I find many things in the August number of the *Kentucky Journal* to commend. The first editorial, "Give Medicine Wisely," is particularly good and breathes an optimistic spirit which I like.—ED.]

CHOLERA INFANTUM: WITH A "CHIP" ON THE SHOULDER

You ought to know and publicly acknowledge that cholera infantum is not always a curable malady. You ought to know and do know that the condition a babe is in before it takes cholera infantum cuts quite a figure in the result. Suppose it has never been healthy, has inherited or acquired tuberculosis, or has syphilis or some other constitutional malady that renders it incapable of withstanding shock. Don't you know that cholera infantum will kill it? I think you do. So don't be dogmatic, as in your editorial on pages 748 of June CLINICAL MEDICINE is indicated.

Yes, my practice was satisfactory last summer. I had no very bad cases. My patrons had the good sense to watch their babies and did what they could to keep them well—and when they began to be feverish and cross they were given proper medication and hence did not become seriously ill before I saw them.

You are mistaken when you think there is a proper *foretime* treatment for cholera infantum, because a case may be in the congestive stage without any possible chance for reaction, such as would be the case in malignant intermittent fever. You may contend that you have at your disposal the means to save the life of every one of the lives that are yearly sacrificed to chills and fever, but you are mistaken again. You have seen cases of congestive chill in which you or any other doctor was as powerless to relieve as if you had never heard of a case. The case is as surely fatal as if you had cut off his head. I need not describe these cases in detail, but you know all about them by sad experience, and I dare say can describe them so minutely that any casual reader of your journal would recognize them. See?

"Beginning with calomel, chalk mixture, etc." Now don't you jump on anybody

with that song and dance who begins treatment with calomel and soda, etc., any oftener than you do—or advocates the doctrine more persistently. Ta, ta, old man, didn't you make a slip when you got that off? *Commencing* depends upon what you want to do. If there is fulness of the bowels and if they are inactive, calomel is as good as any other laxative, provided it is given in the right dose and at proper intervals and quantity—"dose enough" as you would put it.

Your "clean out, clean up and keep clean" is fine in theory, but she won't go in cholera infantum. In bad cases there is nothing left to clean out. The disease has taken away all indications for purgatives.

You have shock to contend with, and here your skill will be tried. What can you do for shock in a bad case of cholera infantum? I depend upon strychnine and belladonna internally, cold water and brandy as an injection. Spec. tinct. nux vomica (Lloyd) will often control the nausea and vomiting. Belladonna will bring the blood again to the surface, and tincture of cinnamon and tincture of iodine will often check the bowels.

But there is no written treatment. Every case is a "law unto itself" and you as a doctor must manage it yourself. Find out and do what is needed. That's your business and mine.

W. P. HOWLE.

Charleston, Mo.

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We always like to hear from Dr. Howle. He usually has a "chip" on his shoulder and is ready for a cheerful little "scrap." He likes that—so do we. So here's to the fray.

1. We freely acknowledge that cholera infantum is not always a curable malady—when the doctor first sees it. And of course there may be weakened constitutional conditions which make the babe a bad subject for any kind of disease. But seen early and properly treated most of these little ones should recover. The best doctor in the world can not save a moribund baby.

2. There surely *is* a proper "foretime" treatment. You have hinted at it yourself when you say that your patrons have been taught to watch their babies and bring them to you for proper medication before they become seriously ill. That "congestive stage" is simply a symptom of the most profound intoxication *originating in the bowel*. That means that it's the doctor's business to get the poison out before the babe has passed into the more serious stages, suffers from intense poisoning, and has been drained of its body-fluids. That's partly a matter of educating the laity, and partly a matter of realizing the importance of getting at the underlying cause—and doing it quickly.

3. *Sure*, we begin with the calomel—if we see the case early enough. But there are times when we can't afford to wait even for calomel, "etc."—when we must empty the lower bowel with normal salt and sulphocarbolates solution and clean out the stomach with the tube, meanwhile using our atropine or whatever may be needed to bring about reaction.

4. The "clean-out" doctrine is just as good in cholera infantum as anywhere else. If we are too slow or too late and nature overdoes the matter it's up to the doctor to get busy and rectify the trouble as best he can—if it is still possible, as it isn't always.

5. If you will use brucine or strychnine arsenate instead of your nux vomica, and atropine or hyoscyamine instead of belladonna, I opine you will be even better satisfied with results than you are now—not but what your treatment isn't good, for it is. Sulphocarbolates, of course, whenever they can be tolerated, to be given by the mouth.

Doctor, you are an "obstreperous cuss," but I like you just the same. Try again.—ED.]

GASTROINTESTINAL TROUBLES IN BABIES

Your admonition, "Don't be a drone," got through my skin and leads me to give my treatment of gastrointestinal disturbances in infants. In doing so I am well aware of my inability to bring forth anything new in the use of remedies; but one point

in prophylaxis comes to me, from my clinical observations, and I report it at the risk of "carrying coals to Newcastle."

My treatment for gastrointestinal disturbances generally begins with calomel, 1 grain; podophyllin, 1-2 grain divided into six doses, combined with amorphous hyoscyamine, 1-250 grain, given in two doses in solution, with the first and fourth doses; saline laxative or castor oil follows in four hours, and when the expected results are obtained, intestinal antisepsis is secured by means of the sulphocarbolates.

This is my general routine treatment, deviated from according to indications. Vomiting is generally controlled by bismuth subgallate, and persistent diarrhea by copper arsenite and codeine; febrile conditions by aconitine, digitalin, and veratrine or strychnine arsenate, according to circulatory conditions. One thing I have had borne in on me with a vengeance: timidity sometimes is as dangerous as recklessness, and only by pushing carefully, watchfully and patiently can victory be won, sometimes. We should keep this in mind.

One thing I have had brought forcibly to my notice in my practice which I have never seen referred to in medical literature. *Three-fourths of the intestinal disorders in nursing children are coincident with menstruation or pregnancy.* Here in the South the majority of women menstruate within three months after confinement, and infantile disorders are too often coincident with the maternal period to escape the convulsions of a toxin influence through lactation. In most cases inquiry elicits the fact of regular disturbances in the nursing infant at the time and generally too reveals the fact of painful or difficult menses.

Put plainly and briefly, a uterine-tonic combination (I like one of elaterin, caulophyllin, macrotin, helonin and hyoscyamine) has been a godsend to more than one little one that has come under my charge, by reducing the distress of the mother, and, I think, reducing the toxic influence of a perverted lactation. Chemical analysis may not reveal any difference in the milk at the period, but clinical observation indicates a deviation. I should be glad to hear from others on this point. I have never seen it discussed.

B. F. VAUGHAN.

Cyril, Okla.

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[Dr. Vaughan not only gives some helpful suggestions but he raises an interesting question concerning the etiology of these summer troubles in babies. Has anyone else noted the relationship of which he speaks? —ED.]

GASTROENTERIC DISEASES IN CHILDREN AND ADULTS

I shall make a brief general consideration of all the toxic conditions of the gastrointestinal canal, whether they are complicated with diarrhea, constipation (or neither) as a symptom.

Toxic troubles manifest themselves at any time during the year, whenever the system passes outside the normal condition. The diarrheal variety is most frequent in summer and fall. The extreme heat, in summer, has its debilitating action on children especially. Foods become spoiled and unripe fruits are eaten. In the cities the people eat fruits which undergo the ripening process before picking. Well water in the fall of the year is often a concentration of organic matter and bacteria. In the country, during the dry season, the grass burns up, ragweeds are plentiful, the cows eat the weeds and as a result they give bitter milk, which makes children sick.

In cities the people consume milk which has been shipped from points far distant. Often the milk not brought from a distance has an uncountable quantity of bacteria in it. A certain dilution is allowed by boards of health and the water which is added may contain typhoid bacilli, and who knows what else is in the milk besides the chemical preservatives which are slipped in occasionally. If certified or inspected milk is used then the above picture is changed.

When the teething time comes on, dirty things are given the baby to bite on, the mother rubs the gums with an unwashed finger and there are numerous bacteria

under the nail. Gormandizing is another cause.

Then there are half-way cases which have neither diarrhea nor constipation and which, if taken in time, may escape serious illness.

Treatment.—Constipation in adults should first be relieved by calomel and podophyllin in doses of from one-half to a grain of each in broken doses of 1-6 grain each. Then follow with laxative salts if there is an offensive breath or an indication of very offensive stools. As a rule I do not find it necessary to use the saline. There is no danger of salivation in these small doses when the bowels move well. If you doubt it think of the quantity of accumulated mercury in the syphilitic cases you treat; if you are skilled, they do not become salivated. After this "clean out," for routine treatment, I find Waugh's anticonstipation combination the best I have ever used. In addition a diet of peaches, pears, apples, oranges, prunes or figs, to be taken at the beginning of each meal and at bedtime, is a great help.

In cases without diarrhea or constipation with ill-smelling stools, a good cleaning out with calomel, podophyllin and a saline cathartic repeated every day if needed; the sulphocarbolates, after the bowels are throwing out their watery stools, generally do the work. I am convinced that in chronic gastritis, where there is a deficiency of hydrochloric acid in the gastric juice, the sulphocarbolates do harm by their astringent action, lessening the gastric juice. In such cases salol is better. But as a rule the sulphocarbolates are just the thing. I prefer the sodium and zinc salts, combined or single, in solution.

In the diarrhea of adults I frequently give 15 and 20 grains of the sulphocarbolates three or four times a day. It seems that better results are obtained when large doses are given, in bad cases, than when the doses are small and frequently repeated.

The next are the acute cases with pain. Use anodynes if needed. The cases with a little pain, nausea and vomiting, with or without diarrhea, will often be relieved with calomel alone. I had an adult who had vomiting due to an obscure cause. She was relieved by 1-50-grain doses of calomel after bismuth and cocaine had failed. I had a patient, six years old, who was suffering with pain in the gastric region, with nausea. She went to sleep after taking one dose of 1-6 grain calomel and needed no other medicine. I have had children with ill-smelling stools, nausea, vomiting and diarrhea who were entirely relieved with a few doses of 1-10 grain calomel. I had an infant of five months, cross and fretful, with ill-smelling stools become quiet and happy after taking 1-67 grain of calomel.

What do these cases show? Answer: that calomel is a gastric sedative; that through its antiseptic action it will stop some kinds of diarrhea when given in small doses. It also proves that we often give too large doses. One word: Don't expect to get results from small doses of calomel if the bowels and patient are loaded with toxins. Now, Brothers, throw your authorities aside. Don't give 1-10 to 1-20 grain in all cases, but investigate.

Nuclein, where there is much autoinfection, is good.

Copper arsenite is good where the stools have ceased to smell badly, and where there is no appetite and diarrhea persists.

Relieve constipation in infants with enemas and change food to suit the case.

I had a patient, two years old last September, with a diagnosis of probable typhoid-fever. This little patient had not been well for a month, had had diarrhea for a week, tympanites and fever in the afternoons. The child was stupid, with dilated pupils; in other words, coma vigil was present. (This may be present in other toxic conditions.) The Widal reaction was negative; but the temperature was not up to a hundred in the afternoon and I took the blood from the patient on the afternoon of the first day I visited the patient, and that would be early for a diagnosis by the blood reaction. Then we must remember that this reaction is not always present. With calomel in 1-6-grain doses, saline laxatives, sulphocarbolates, aconitine and nuclein I was able to cure this patient in three days.

You can call this case what you please. I will not say whether I aborted typhoid fever or not in this case.

In adults or children, if there is tenderness due to inflammation (peritonitis excepted) of the intestines, give saline laxatives.

In toxic cases after the fever has left, in adults, give strychnine, in children give brucine.

Diet.—Give plenty of water to children and adults, unless the stomach rebels. Adults can have beef-tea, also fruit-juices. Children can be given the same with the addition of toast-water, rice-water, barley-water, albumin-water; last but not least, Armour's soluble beef. Perhaps any beef is all right; but I do know what soluble beef has done for my patients.

In closing I shall add that we should remember that calomel is a great eliminator, that its dosage can yet be studied. There is yet much to learn about this remedy.

D. D. DeNEEN.

Cincinnati, O.

SUMMER DIARRHEA IN INFANTS

I think that it is conceded by all medical men that if close attention were given to diet and sanitary conditions there would be far less diarrhea in the summer months.

As I am a common country doctor I cannot say whether or not the summer diarrheas differ in the country, in malarial districts, from the summer diarrheas in the great cities, but in reading Tyson I see that he has found blood in the stools only when it had lasted some days; and a certain author of a work on "Diseases of Children" says that after a few days the microscope will reveal red blood-corpuscles in the stools. My experience has been such that I cannot agree with either of them, though the difference in findings may be due to city environment on the one hand and malarial on the other.

In this malarial district I find blood in the stools all the way from the first to third days and without the aid of the microscope. The babe may show signs of some digestive disturbances for a day or two previous to the diarrhea, or it may come on suddenly, sometimes is very restless, at other times drowsy, sleeping with eyes half closed; high fever, dry skin, coated tongue; and sometimes thrush, bowels distended with gas. The first stools contain undigested food or milk curds, and continue so if the child is allowed to go on feeding at will. The stools are yellow, green or brown and watery and very often mixed with mucus and blood from the latter part of the first day, increasing up to third or fourth day, when it ceases.

Some of those cases will get well in a few days by just correcting the diet and changing the milk. First of all, clean out the bowels, and keep them clean. No food for twenty-four hours, and then egg-albumen only in the form of white of egg in water, flavored to suit the taste. If the parents will allow I invariably give a hypodermic of morphine, gr. 1-8 to 1-16, and atropine, gr. 1-100 to 1-500, according to age of the patient, and then I give calomel 1-6 to 1-10 grain every half hour until one-half to one grain has been taken, depending on age, followed in two hours by effervescent saline laxative or castor oil, the first preferably. Then I follow the calomel by the sulphocarbolates, until the disagreeable odor has disappeared, and then with a nice warm sponge-bath once or twice a day our little patient is soon on the road to recovery.

I must say calomel first, last and all the time, to keep the bowels sweet and clean.

E. J. DUNCAN.

Tamms, Ill.

SUMMER COMPLAINT—HOW TO SAVE THE BABIES

Summer complaint of babies is due to their food—cow's milk—whether it is given to them during the first or the second year of life. Those who are fortunate enough to escape it the first year on account of being nursed during that period are jeoparded during the second year, which is really harder on them, owing to their cutting teeth, which more or less disturbs the whole nervous organization.

Babies weaned in the fall of the year will pass through the winter with scarcely any diarrheal trouble, unless overfed at the table, only to become violently ill any time after the cows go on pasture, April or May, and during their stay on pasture. There is a laxative principle in the grasses that is conveyed through the cow's milk to the infant, that sets up a violent irritation. See "An Unrecognized Etiological Factor in the Summer Diarrheas of Infants," *Medical Record*, Sept. 15, 1906.

There are other sources of summer complaint not generally known, as the filth in the milk from the cows. Since the farmers have been using the cream separators they have been astonished at the amount and kinds of dirt, specks of cow-manure, flies, dirt, etc., left in the separators after the milk has been run through. (We feed this kind of filth to our babies every day.) This condition of affairs is found on farms where ordinary cleanliness is practised and is universal.

A report comes to me from one of our large creameries that the separator has to be stopped and cleaned of the cow-manure with the running through of every 2500 to 3000 pounds of milk; in excess of this amount the milk will not separate, as the manure is in such quantity as to block the machine. At this creamery great care is used in handling the milk which is strained through six thicknesses of cloth before being sent to the separator. This manure is held in very fine suspension, but the separator throws it down. From this report (and this is the condition all over the country) it would appear that the only way to have pure milk would be to first run it through a separator, then mix three-fourths milk and one-fourth cream and put it up in hermetically sealed jars for delivery, placing these jars on ice until wanted.

It appeals to me that a food containing such filth, with such a high mortality rate as cow's milk has, isn't the proper food for our babies, typhoid-fever and tubercular patients, and ourselves. If diphtheritic antitoxin were to have the high mortality that milk has, there would be an awful outcry and it would be discarded forever.

The North American Indians don't know what summer complaint is. They don't have milk to kill their babies with (they take an ax), and other of the types of aborigines are the same. Civilization has played havoc with babies and the Indians—the former dying from milk poisoning, the latter from tuberculosis. A grain-food to be used with the exclusion of milk is what is wanted for our babies and will be the coming food for infants until the absolute cleanliness in milking and the care of the cow is the prerequisite. The cows ought to be groomed and cared for as carefully as horses are.

Treatment.—I give a liberal dose of castor oil add then withhold absolutely all food and cathartics for twenty-four to thirty-six hours, for the reasons Prof. A. J. Ochsner lays down in the preparation of a case of acute appendicitis for operation, as a similar condition exists in these babies—an acute intoxication or infection of the intestinal tract.

He says, first: "The distribution or extension of the infectious material is accomplished by the peristaltic action of the large and small intestines. Second: Peristalsis of the small intestines can be inhibited by prohibiting the use of *every* form of nourishment and cathartics by the mouth, and by employing gastric lavage in order to remove any food-substance or mucus from the stomach and in this way secure absolute rest for the inflamed intestines. The value of *rest* as a preventive to the extension of an infection in any part of the body cannot be overestimated."

Medicines.—To a baby a year old I give one-half teaspoonful of a solution of the sulphocarbolates (combined salts), prepared by dissolving one five-grain tablet in one-half glass of water every two hours, and an enema consisting of four ounces of a saline solution every two to six hours. Keep the abdomen warm. If there is high temperature sponge with tepid water as often as it exceeds 103°F., with friction following the sponging. If there is great depression from the loss of fluid use the "drop" method of continuous irrigation with a saline solution for two hours, then

an intermission of two hours, then again for the same time until improvement. After the acute attack has subsided gradually return to nourishment by giving rice-water, barley-water or albumen-water, and on recovery stall-feed the cow whose milk is to be given to the infant, with no grass or new grains, or fruits, corn-stalks or potato peelings.

Keep the cow clean and her stable clean and hands and pail clean at the time of milking, and the milk clean after milking, with the proper dilution for the baby, and the high mortality will drop out of sight.

JAS. LAWSON WALSH.

Bay City, Mich.

TYPHOID FEVER, NETTLE-RASH, ERYSIPELAS, PNEUMONIA

I cannot refrain from telling you that I get more absolutely good ideas from CLINICAL MEDICINE than from any other source. I do not care to save up a bouquet until the time when you are dead but would rather give you a rose now and then as we go on along the way.

With the sulphocarbolate of zinc I just cure all my cases of typhoid. I averaged for the last three years forty cases a year, with only three deaths, and they all died of uncontrollable hemorrhage.

The aconitine treatment of pneumonia leaves nothing to be desired. I haven't lost a case since I adopted it. I gave aconitine granules, some time ago, combined with atropine for a heart in which I could scarcely discover the radial pulse, Several other doctors had given digitalin, strychnine, strophanthin, etc., with no results, and I brought her right up. They tried to strengthen the heart, I aimed to lower the peripheral resistance. I got the results and the money and the reputation.

What's the matter with the bile acids? They are exactly what I want and need, but I can't get results. Have our southern livers been spurred with calomel so long that nothing less will do?

I notice you sometimes touch up a little on condurango. Go it. That's the best stomach tonic in the list. I have never used condurangin, but the fluid extract gets there every time. Have you ever studied up on the fluid extract of boldo? That's the next best to condurango.

How do you treat your nettle-rash? I couldn't cure it for fifteen years. Now I cure it with atropine internally or hypodermically. Try it and then get tickled.

Do you ever have trouble with erysipelas? I haven't. I mix 1 dram of castor oil and 6 drams of collodion, and paint the inflamed face with it twice a day, and then go fishing. I never hear any more of that case.

E. H. BOWLING.

Durham, N. C.

[Thanks, Doctor, for the "bouquet." In these days so filled with bitterness and unkindness these unsought tributes from warm friends like yourself have all the sweetness of a garden of roses.

We are glad that we have contributed something to your success. That's what we are here for. But it's not all *us*. It's the genuine reciprocity, the mutual helpfulness of so many members of the "family," which makes CLINICAL MEDICINE what it is —the most carefully read and best loved medical journal on the continent. But there! We're throwing bouquets at ourselves. Pardon——!

Yes, the sulphocarbolates "do the biz" in typhoid, and aconitine in proper combinations certainly do cure pneumonia. We have said it many times; but there are plenty others to do the talking now. And we all should "get busy" to let others know about these things *now;* a hot, dry summer usually prophesies a typhoid-filled autumn. The probabilities are that there will be work enough for the doctor during the next few months.

Glad to know of your experience with condurango. As to boldo, we know it—best as boldine, which we consider one of the very best hepatic stimulants. It isn't used half enough. Thanks for the suggestions concerning nettle-rash and erysipelas. They open up interesting fields for discussion. We are going to ask the "family" to

talk these diseases over in the columns of CLINICAL MEDICINE. Please do it—everybody invited to take part.—ED.]

"A TASTE OF ALCOHOL"

Your editorial in the July number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE was read with much interest. As I read down I kept saying "Amen" to each paragraph until I came to the last, where you say, "We stand today ready to prescribe whisky to our patients at any time we conscientiously believe that it is necessary." There I had to leave you and protest. I have not prescribed whisky or alcohol to any one of my patients in ten years. Again you say, "We do not know of a solitary condition in medical practice for which whisky is a better remedy than others at our command." I agree with you again in this, but if so, why prescribe it at all when you say and admit that it is a dangerous remedy, if remedy at all.

Some years ago I was called to see a young lady who had a very severe attack of pneumonia. The family physician could not be had. He had taught the family that whisky was necessary in any severe case.

After examination of the patient the father approached me and said, "Doctor, I will send to town soon and get some good whisky to use in this case."

I thanked him and said, "You need not send for whisky or any other preparation of alcohol."

He was very much surprised, and after discussing the subject with him I prepared medicine and gave directions for its administration. I noticed that he did not appear satisfied. I again told him not to give her anything that contained alcohol.

The next morning I found the patient had rested well, the temperature was 101°F, and she was hopeful. The day after that on calling I found the patient delirious, temperature 104°F.; she was restless and all the symptoms showed her to be much worse.

I asked if they had given the medicine as directed, and they said, "Yes."

I then asked, "What else did you give?"

The mother hung her head but said, "Nothing else."

I looked her in the eye and said, "Mrs. B., you have been giving this girl whisky during the night and you had just as well confess it."

I told her that their daughter was much worse and if she died they would be to blame. The mother burst into tears and confessed to giving her whisky during the night. I called them to one side and said, "If you are going to continue the whisky say so now, and I will quit the case."

They begged me to continue the treatment, and I did so on the firm promise from both that they would give nothing else unless I recommended it.

I went to work to counteract the effects of the alcohol and soon had her temperature down. She became quiet and in a few days recovered. That family were converts to the no-alcohol treatment after that.

This is the way I work my whisky patrons: If they will have whisky I tell them at once in unmistakable terms to get a "whisky doctor" to treat them. If doctors would always be firm they would have no trouble in cutting out all doubtful remedies.

You may not and the brotherhood may not agree with me, but I go on my way fighting alcohol. My patrons have come to understand me, and they are still sending for me to treat them and their families.

G. W. WOODS.

Broaddus, Tex.

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[Doctor, you support our position exactly, the only point upon which we seem to disagree being that solitary sentence of ours in which we said that we were ready to prescribe whisky at any time we conscientiously believed it to be necessary. The significance of that sentence is this: that we have no prejudice against the use of alcohol *as a remedy*, and if we can conceive of any condition in which it will help our patients we shall give it as we shall any other dangerous, but none the less valuable, medicine. But thus far we have found no condition in which

there were not other remedies which better meet the indications.—ED.]

SHALL WE PUNISH THE SALOONKEEPER OR THE DRUNKARD?

I have read with interest and profit your article in the June number of CLINICAL MEDICINE under the caption, "Summer-Time Remedies." You say: "Remember that the doctor should take an active part in the warfare against the saloon that is now being waged."

I heartily agree with you that every physician is morally bound to do his best to elevate man in the scale of intelligence, civilization and morals. The church thought it was doing so when she imprisoned Gallileo for teaching that the earth revolves on its axis. But she made a great mistake. So it has been in all ages of the world. Good men make mistakes. I do not for a moment question the motives of those who are so earnestly fighting the saloon. They are cultivating a public sentiment against the *sale* of intoxicants. They are not cultivating a sentiment against the *drinking* thereof. Thirty-six counties in the state of Illinois have decided that henceforth no one shall be licensed to sell alcoholic liquor for beverage purpose, and that it shall be a crime to sell it for this purpose, but neither the counties nor the state have made it a penal offense to drink intoxicants, to create, foster and gratify an appetite for them.

Camp Point has not had a saloon for twenty years. Some time since a gentleman entered a drugstore and called for a pint of whisky. He was reminded that it is illegal to sell alcoholic liquor without a prescription from a reputable physician. The customer refused to comply with the law, and told the merchant that if he did not accommodate him then he would never sell him anything in the future. The druggist has a large family to support and needed this man's patronage and influence. Here was a strong temptation for him to commit a crime. Had he yielded to the temptation he would have been liable to a fine of fifty dollars and the odium due criminal; whereas the tempter might have gone forth, drunk the liquor andamingled in society as an innocent, honorable gentleman. Such legislation may lessen the amount of liquor consumed; but is it just? Will it promote temperance?

I take the liberty of sending you herewith a more elaborate article on this momentous question. If I am in error I want to be set right. Surely there are scholars in the land who can point out where the error lies. Some doctors of divinity say, "You are right," and a bishop endorses my views and contends that prohibition is an obstacle in the way of temperance.

In defending the prohibitory liquor law against the charge of sumptuary legislation the Hon. S. O. Thatcher said: "The toper may guzzle to his heart's content at home or abroad, and no law of Kansas is broken."

In a June medical journal, *The Medical World*, Dr. S. P. Reser says: "We have a prohibitory law in Kansas that punishes everybody else except the one that gets drunk."

There it is a crime to press the juice out of grapes which God sanctions (Prov. 3: 10), but no crime to drink to drunkenness which God condemns (Eph. 5: 18). Is such teaching and practice calculated to bring men's will into harmony with the Divine will? Surely not. Will man be benefited by keeping his will in antagonism to the will of his Maker?

S. HENRY.

Camp Point, Ill.

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[Dr. Henry is not only a strong individualist but he has in him a strain of that old Scotch covenanter spirit which led men to the belief (for which they would fight) that nothing should come between man and his personal responsibility to God. To him all of right, all of duty, all of morals is bound up in the freedom of man to choose good or evil—at least that is what we gather from the longer article, "An Appeal to 5000 Clergy of the Presbyterian Church in Behalf of Truth," which he sends us.

To Dr. Henry, therefore, drunkenness is a personal question, for which the individual alone is to blame and for which he should personally suffer the punishment. He hates liquor and all the crime and immorality of which it is the mother; if we hold the drinker responsible the evils of the liquor traffic will disappear. That is his line of argument.

We disagree with Dr. Henry. We believe that if we would destroy an evil we must get to its tap-root. The drinking habit which begets drunkenness and crime grows and thrives because it *pays* to encourage it. The saloon is vitally interested in its perpetuation. It thrives on men's weaknesses, and it therefore encourages these weaknesses. Men do not deliberately choose to become drunkards; they gradually lose the power of choice. We believe in *all* reasonable methods of fighting the liquor traffic. The evil that it does is incalculable; the good that it does infinitesimal. The readers of CLINICAL MEDICINE know how we stand. Our difference with Dr. Henry seems to be mainly one of method. Somehow we feel that if his own little town had *not* been free from the saloon for twenty years he would agree with us.—ED.]

"SQUELCHING THE DOCTOR"

I have read with interest your article entitled "A Scheme to Squelch the Dispensing Physician." I have practised medicine for sixteen years and was behind the prescription case for seven years before I began to practise, so I feel that I can speak from a fairly unprejudiced standpoint upon this matter.

I have always been a very good doctor for my druggist, but at the same time also always been fair with my patients. I have observed many things during my career and believe that the doctor and druggist should work in harmony and to each other's advantage, but never in such a way as to try to bleed the patient by way of his pocketbook. My druggist puts up a number of formulas of mine that he keeps always in stock, such as hemorrhoidal astringent suppositories, uterine and vaginal suppositories, vaginal antiseptics, antimalarial tablets, etc., but *never* to sell except upon my own prescription or order. He always understands, and so does my patient, that he is never to refill any of my prescriptions except upon a written order from me. I heartily condemn the pernicious practice of indiscriminate counter-prescribing, or in fact counter-prescribing at all.

I personally know a druggist who will "fix up" medicine for every ailment the flesh is heir to (almost) and say to the patient, "if this doesn't help you had better see the doctor." He will probably get 25 or 50 cents for his "fix-up" and the doctor gets nothing, where he might just as well get the doctor an office fee and more money for himself and many times save the patient a severe attack of illness by having him consult the physician and be intelligently examined and prescribed for and the disease aborted. This is the class of druggists who are penny-wise and pound-foolish, and who seldom have a good word for the physician, and at the same time cry loudly because the doctor doesn't prescribe more.

This is rather the rule than the exception, and it is what makes the patent-medicine man thrive, what starves the doctor, makes drug-fiends of the people and is lowering the national vitality both physically and mentally today. I should like to offer as a substitute for the bill mentioned in your paper the following:

"It shall be unlawful for any person whatsoever, except as hereinafter provided, to sell, prescribe or give to another any drug, chemical or compound which is or contains in any quantity any sedative, narcotic or hypnotic or other poisonous material in any quantity, except manufacturing and wholesale chemists and druggists to each other or to licensed retail druggists, licensed physicians, licensed dentists and licensed veterinarians, and also except physicians, dentists and veterinarians to their patients and licensed druggists, upon prescription only from regular licensed physicians, den-

tists and veterinarians, provided however that no druggist shall refill any prescription for any patient except upon the written order of the prescribing physician, dentist or veterinarian." Any violation of this to be punished by proper fine or imprisonment.

I feel that this would not only not be any detriment to anyone, but would be decidedly advantageous to both doctor and druggist and would be a great safeguard to the public in general and would greatly aid in the enforcement of the pure-food and drug law.

GEO. B. CAMPBELL.

Bremerton, Wash.

A CRITICISM OF THE MANN BILL

I note in the July number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE reference to the Mann bill, introduced a few days before the closing of Congress. While your criticism of the first section of the bill is apropos and extremely good, you have evidently read the second section very hastily or you would have noticed that there is an immense "colored individual" concealed underneath the "woodpile," and the damage which could be inflicted by this part of the bill, if passed, would far exceed any injury produced by restraining the shipping of cocaine, etc.

In the second section of his bill Mr. Mann enumerates some thirty or forty different drugs and chemicals, mostly poisonous; all these are to be labeled with the poison label, skull and crossbones, printed in red ink on a white ground, and with a list of antidotes attached. The number of remedies which are included in this proscribed list is so extensive that out of one hundred ordinary ready-made pharmaceutical preparations (pills, capsules, powders, tablets, etc.) probably 60 percent of them would require new labels. When I mention such simple things as oxide of zinc ointment, blue mass, blue ointment, and the hundreds of different formulas of laxative pills which contain extract of belladonna and strychnine in minute proportions, you can readily imagine what trouble it would make.

If this law should be passed both the railroad and postoffice authorities would insist on having from each manufacturer some kind of a bond so as to protect them in case the goods were incorrectly labeled, and if the law were to be carried out rigorously it would stop almost every manufacturer of pharmaceutical preparations in the country from doing business.

Our friends, Parke, Davis & Company, would "get it in the neck" just as badly as anyone else, for in looking over the list of compressed tablets in their catalog I find that out of 100 formulas 34 would have to be relabeled in the new style.

Under the ruling of this law our friends of the National Formulary would have to "take water" about as much as anyone else, for I find in looking over the list of preparations included in that and its appendix that there are 129 which would have to be labeled with the red skull-and-crossbones poison label and have a list of *antidotes* attached. "How is that for high?"

I think it is decidedly a "joke," and a joke of the largest size, to know that our friends who have gone rabid on the subject of N. F. formulas have hanged themselves so neatly with their own rope. Furthermore, when you think that not even the old U. S. Pharmacopeia is going to be exempt, it is a greater joke yet.

Under a proper construction of this ridiculous Mann bill such articles as lead plaster and diachylon ointment (preparations of lead) will have to bear skull and crossbones in red and list of "antidotes." Pray, my dear doctor, what is the "antidote" for lead plaster when improperly applied?

Surely when you come to consider this bill and work out the different constructions of which it is capable, it becomes more and more ridiculous the further one goes into it. I do not think it possible that it, or even a modification of it, can be passed, for as soon as the drug trade of the United States know what they are getting ready for themselves, there will be a storm of

condemnation from all quarters which will bury the bill beyond all possibility of resurrection.

Now, the country doctor who prescribes his own remedies would be affected by this very much from the fact that all those proscribed remedies would be obliged to bear poison labels, and in going into the hands of his patients this would scare a good many of them so that they would refuse to use the remedy.

CHARLES L. MITCHELL.

Philadelphia, Pa.

THIS ABUSE: IT MADE HIM MAD!

I wish I could write as I feel, at times, but profanity does not look well in print and the English language is too limited to express the degree of that tired feeling some of us experience when we read some of the bombastic and bull-headed proclamations of the leaders (?).

When a man has followed for fifteen years an active country practice that in the city would net him from $15,000 to $20,000 a year and some city guy tells him that "nothing can be done for pneumonia and typhoid" and that the only treatment for a patient with gallstones is operation, it makes him mad; and when in answer to his question the city guy says he never heard of such and such remedies or else launches forth on an abusive tirade of Abbott, it shows he is too bull-headed to try a thing or else that it is a bad case of sour grapes because he was not bright enough to get onto it.

The medical profession is suffering from the same thing that the whole country is. We are either in the trust or out of it. *The J. A. M. A* is tinctured with a trust atmosphere and when you see a long article devoted to Abbott abuse you can make up your mind that Abbott has done something to them.

What Abbott has done is to show the poor devil out in the world how to practise medicine with sureness and dispatch and to depend upon himself—and the city guy doesn't like it.

Personally I don't approve of all of Abbott's methods, but that doesn't count. Lots of people don't approve of some things that I do, but I keep right on "peddling fish" and doing what I think is right, and they can go to grass; and no doubt your position is the same. Well, I'll stop this soliloquy and bid you good luck. I was one of your first subscribers and I have been with you for about fifteen years. You have taught me many things that I did not learn elsewhere and have enabled me to save human life when otherwise I could not have—for all this I am grateful.

PAUL PLUMMER.

Collinsville, Conn.

[And it makes others mad! I wish you could see some of the letters we get from our friends; their friendship for us has only been intensified by the persecution and abuse to which we have been subjected. These men *know* what alkaloidal therapeutics will accomplish.—ED.]

SALT AND THIRST. DIGESTIVE SECRETIONS. OTHER QUESTIONS

I have just reached page 988 of July CLINICAL MEDICINE and with the time to spare should like to give Dr. Barker my answer to "More Questions."

1. Salt (sodium chloride) is a coagulant. All the mucous secretions of the human body to a degree contain albumin, in some of its many forms. The salivary juices, the mucous glands of the oral cavity, plus the esophagus are inhibited by this action of salt; hence thirst.

2. Normal secretions of oral cavity, plus esophagus and stomach, in combination are germicidal. Disturbance anywhere in this chain (and this is the generality) upsets this power and is the strongest argument for the "clean-out, clean-up, keep-clean" doctrine as expounded in CLINICAL MEDICINE.

3. Heat is aseptic; salivary juice to a degree is aseptic; cleanliness is positively aseptic—hence the value of the dog's licking.

4. Wash in strong bichloride solution, stick in powder-box of iodole. Wipe dry next day and use.

5. Is it not of value that the remedies be in part absorbed in the buccal cavity?

J. K. NEWMAN.

Omaha, Neb.

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[Look back to the July CLINIC for the original questions.—ED.]

DR. SHEDD'S REPLY TO DR. AYLESWORTH

Dr. Aylesworth's criticism of the "Theory of Homeopathy" in August CLINICAL MEDICINE, page 1109, is most genial and interesting. In the limited space of a journal article some sins of omission are pardonable; as for those of commission, we'll see about them.

1. Dr. Shedd was of the opinion, and still is, that the term homeopathy, or homeopathic, was fairly defined (CLINICAL MEDICINE, page 644), viz., "The original application of the term, homeopathic, related to the use of drugs, and this is still its broad professional application; ***the use in proper dosage, in disease, of drugs, which when administered to organisms in health produced a drug-disease or picture or syndrome similar in many important points to the natural disease syndrome under consideration.***" Possibly a verbiageless statement like "homeopathy is homeopathy" would have been more acceptable. Dr. Shedd would like to see Dr. Aylesworth's definition as to what homeopathy is.

2. The homeopathy under discussion is plainly Hahnemann's, or more exactly, Hahnemann's exposition of the subject-matter; the "Organon" being the chief text of reference.

3. "*Similia similibus curantur* is an infallible law of cure when the vital force is deficient or depressed, and an unqualified failure when the vital force present is superabundant.—Dr. Aylesworth."

We doubt whether vital force is ever *superabundant*, but, we have seen violent, uncontrolled outbursts of it calmed by such remedies as aconite, belladonna, chamomilla, ignatia, etc., in proper dosage (sometimes high, sometimes low, depending upon the individual), and have not been led to consider the result as an "unqualified failure."

4. As to the fact that hardly one regular schoolman in 10,000 has the patience to read the "Organon," we regret the indolence of the said individuals; and, as to its being a "mass of absurdities," we refer the interested, for brevity's sake, to an address by Dr. Thos. McConkey, begun in the Library of Homeopathic Classics in the August number of *The North American Journal of Homeopathy*, entitled, "Homeopathy and the New Medicine."

5. As to the three chronic miasms (or infections), it is well to note here Hahnemann's anticipation (without a 1-12 lens) of most that is of value in modern bacteriology, and, what is more, his therapeutic acumen in the matter.

6. If Samuel Stratton in his preface states that Hahnemann published his first dissertation on *homeopathy* in 1796, we fail to see what that has to do with Hahnemann's *parasiticidal, purely local*, dealings with the itch-insect in 1792. The acarus was known to medicine long before either of these dates, yea, even to the Arabians; and furthermore, we fail to see what Section 80 of the "Organon" has to do with scabies anyhow. And the "*retraction*" noted in the preface to the fifth edition of the "Organon" (1833) has plainly nothing to do with the local scabies, but refers to the *local* treatment of *chronic psoric* diseases.

7. And the reason why, "in the study of homeotherapeusis, we naturally turn to the "Organon"—rarest of all phenomena, a medical work whose practical value does not and cannot lessen—whose conclusions are irresistible and stable as long as the human type which it considers remains the same," is because its *practical value* is still in evidence to the thoughtful student; because no one has made the difficult subject-matter plainer; and because he is comforted also by the fact that the modern laboratory workers are confirming (*e. g.*, consult Wright and the opsonins) many dubitable points, for example, infinitesimality, repetition of dose, etc.

8. Inasmuch as Dr. Shedd carries with him a few alkaloids (for antipathic use, if needed), also a hypo with hyoscine, morphine

and cactin, and some of the classic sedatives and stimulants, possibly he knows something about them; but, to tell the exact truth, there is rare use of them. In his treatment of renal calculus, for example, he commonly tells the patient that he has about a half hour more of suffering, during which time he gets berberis or calcarea or lycopodium, etc., the indicated remedy, and after which he goes to sleep with the hyoscine compound, if necessary, and commonly wakes free from pain and with a flux of gravel for some days afterward.

9. Personally, in his editorial capacity, Dr. Shedd hopes to get a paper from Dr. Aylesworth for *The North American Journal of Homeopathy*, whose readers enjoy a well-written article whose animus is truth-seeking. As most of them are beyond mental adolescence, he has no fear of a deleterious effect.

Finally, as a matter of fact, the old-school men of Hahnemann's day had very hazy knowledge of any law, even of that of *contraria*, and Hahnemann rightly dubbed them "allopathists."

P. W. SHEDD.

New York City.

AS ONE FRIEND TO ANOTHER

During the last few weeks I have received many letters, coming from every state in the Union, from doctor-friends who have read my side of this unfortunate controversy into which I have been forced—and which no one does or can regret more than I do myself.

These letters have been brimming full of words of encouragement, sympathy, and so much praise of our efforts here at "alkaloidal headquarters" that I find it hard not to be "swelled up" with pride; to say nothing of the opinions expressed as to the other side, which, on the square, make me sorrier for "the other fellow" than I am elated over the complete vindication of truth and right which I knew to be on my side.

These letters, thousands of them, warm-hearted, earnest, from the real workers in the profession, have been a great uplift, a wonderful stimulus and help to me personally, and I would like to write to every one of you and tell you how deeply I appreciate them. But I cannot do everything—there is a limit, and even many nights of toil added to long days of the hardest kind of labor are not enough for the duties, even pleasures, that come to my hand.

So I ask you all, collectively, to accept this little article as a letter directed to you—yes, *you*, Doctor. I got your letter, read it (yes, I did!) and it did me a world of good. Though there were many, many others, there was not one too many. Nearly all were as friendly as your own. Here and there came a line from some spiteful cuss (we have four now) who gets his ideas, his ethics and his sense of justice from the self same source, and that source one which secretes a form of the "milk of human kindness," which, as one brother says, "if churned would come out limburger cheese." There were also some letters containing criticism of the better sort, such as helps a fellow, because, while their writers did not overlook our faults they at the same time *could* see our virtues, and the letters were evidently written with the intention (and some hope) of doing us good. Criticism of that kind never hurts. It may cut a little—but I can stand it if it is kind, for it helps.

I wish I had space to print a lot of these letters. I could fill CLINICAL MEDICINE and then spare a barrel or so for *The Journal of the A. M. A.*, letters that I guarantee would lighten up its pages and cause it to be read more closely that week of the year than during the other fifty-one. But while I can not spare the space here to print these letters entire I do want to and will quote from a few of them, taken almost at random, just to show the general character of the sentiment.

Dr. G. Willis Bass of Minneapolis writes: "I want to say to you, Doctor, that I have always believed in you, and never more so than tonight. I have been greatly helped by you and your methods. I am a better doctor for the principles I have imbibed from you and your teachings. I don't think you need to fear these people for their motives are dead wrong, and those of the profession

who know and know you, know it, and the rest will get their eyes open after a while."

Dr. W. H. Neilson of Milwaukee writes: "The phenomenal growth of your work doubtless invited the attack, and in a measure you should feel flattered to be the recipient of such attention. For your encouragement, although I do not believe you need it, I will say that all this warfare will but strengthen you to the utter discomfiture of your enemies."

The superintendent of a certain state hospital for the insane, whose letter is "not for publication," and whose name we therefore withhold, says: "It seems a very unwarranted and unjust attack, and one which I presume must of necessity do you some temporary harm, yet, it seems to me, ultimately can only result in increased patronage and increased business. It strikes me the interest in alkaloidal remedies among my medical friends has not only been very strong, but since the attack above referred to (and it can certainly be but little less than an attack) the interest among the friends of alkaloidal remedies has not only increased but others of my acquaintance have become interested in the subject."

Dr. Arthur H. Brownell of Oneonta, N. Y., writes: "Those who have used the alkaloids for years enough to become acquainted with them do not need any argument to convince them of the usefulness of the alkaloids. Those who have not used them, or have used them without faith or in a haphazard way, are not qualified to express an opinion even of their usefulness. As well might a person who had never heard a telephone say, 'It is impossible to know what a person is speaking a mile away.' Dr. Abbott, no amount of adverse criticism will destroy the faith in you of those who have known."

Dr. G. H. Tichenor, Jr., New Orleans, says: "There is no doubt in my mind as to your honesty of purpose and high character as a man. You have been honest in every respect in your dealings with me and others so far as I know and believe. That there is a movement on foot to put the dispensing doctor out of business and monopolize the drug trade seems to me must be evident to every physician with two grains of sense."

Dr. P. C. Davison, Clara City, Minnesota, says: "Such dirt as is being thrown at you will certainly meet with disapproval by all right- and fair-minded physicians throughout the land."

Dr. John Manson of Lincoln, California, says: "I practised medicine some years in a community of Cornish miners and have often been amused at their comical stories. This one was of a farmer who had a fat calf ready for the market and a couple of men went out one night to steal him. The farmer kept him in a small stone house. During the day a traveling showman had come along with a tame bear and got permission to stay with the farmer all night. The farmer had removed the calf and put the tame bear into the house for safekeeping. So along came the two Cornishmen. One went into the house to untie the calf while the other stayed out with the cart to watch. Hearing a tusseling and a groaning in the house the one outside called out, 'Has thee gotten 'un, Jock? Has thee gotten 'un?' The answer came back, 'No, my son, no; but hese gotten I.' So when they say they 'will get Abbott,' it looks to me as if Abbott will get—has got—them."

Dr. D. R. Greenlee, of Minneapolis, writes: "I have kept my weather-eye on that fight since it started, and I made up my mind long ago that you are enough for them. I think you are defending yourself manfully. Truth is truth; and as long as you have truth on your side, thousands of other good and true physicians will back you up in your efforts to improve our therapeutics. It not only benefits the doctor but his patients, which is of more importance than anything else. Back in the dark ages physicians were liable to be imprisoned or killed for advancing any new ideas or making discoveries that had been unknown to the aristocrats of their age. While they do not kill them nowadays, they resort to meaner methods."

Dr. W. L. Johnson, of Uxbridge, Massachusetts, writes me: "I have just read your 'Appeal for a Square Deal,' and am greatly pleased with it. It rings true—hits the nail square on the head. The attacks on you have showed so much spite and venom that they must indicate to any fair-minded person that they are not the dignified remonstrances of strong characters, but the snarling yelps of whipped curs who attack only by stealth and in the dark. The medical profession is behind you and the coming months will show it. Especially every alkaloidist is ardently interested in the fight. Personally, as I have told you, I should have given up the profession long ago if it had not been for you, for I had become a therapeutic nihilist, under the teachings of the best men in the East. You, and you alone, made me a "drug optimist," and every year I believe and practise more thoroughly and successfully in consequence. Long life, health and victory to Dr. Abbott."

Dr. Robt. E. B. Buchanan, Independence, Iowa, says: "I could not be induced to do without the alkaloids and some of your compounds in my practice for any consideration, simply because I get results and my patients are benefited ten times more than they would under any other line of treatment. Do you suppose after my experience of 17 years with you and your products that I am going to allow any man or men to dictate to me what I shall use or how I shall use it? By the eternal, no! I am a member of the A. M. A. and hope always to be an honored member of our noble profession, but I will not be coerced into doing what my experience teaches me is not the best thing for those who place their health and lives in my hands."

Dr. Hannibal Landon, Remington, Indiana, says: "I may be biased by long dealing with you, but I have naught but praise for you, and I certainly am a better physician by the careful instruction given in your journal and by the use of many remedies introduced from time to time in your journal pages. I have carefully tested many of them and always found them to meet all indications for which they are intended. Nothing could induce me to give them up. Personally I have great faith in what you say and I shall always be a grateful friend and patronize you as long as I am in practice. Let not your heart be troubled; your friends are very numerous. The right must always prevail although it may be slow in appearing. The curse of life is man's inhumanity to man."

This is what Dr. W. H. H. Barker, Harvey, Iowa, writes: "You have my sympathy in your fight and your maligners have my unbounded contempt. I have read both sides; and your reply, 'A Plea for a Square Deal,' ought to silence your enemies at once and forever. Keep up the fight, Doctor, for you are in the right, and these carpers know it. Count on me for anything I can do to help you win. I believe you have the great majority in your favor, and the fight can only end in one way, for

> " 'Right is Right, since God is God,
> And right the day must win,
> To doubt would be disloyalty,
> To falter would be sin.' "

I might continue printing these letters indefinitely. I should like to—but they are not needed. Dr. Barker struck the keynote: "Right is right." I am striving with all my might to do what is right and what is best for the doctors of this country and of other countries. My ambition is to lift up, to build up. I want help, that collectively "we doctors" may do this work better, far better than I or any other man can do it alone. That's the purpose of this journal. Active-principle therapeutics is a means to that end, and that's the "why" of our common belief. As soon as it is possible to do it we should put aside our fights inside the profession and get back to the main issue. It deserves all our effort. But if fight I must, fight I will!

W. C. ABBOTT.

Chicago, Ill.

VISIT TO THE OTTAWA TENT COLONY

On August 2 physicians of Chicago with their wives and sweethearts, to the number

of nearly 100, visited the Ottawa Tent Colony for the treatment of tuberculosis. The visitors were met at the train by Drs. Pettit and Butterfield and escorted to the Colony, which consists of a large number of tents for patients together with one large building for administrative purposes, café, etc., all beautifully situated on a high bluff on the east bank of the Illinois, opposite Ottawa, Ill. After an outdoor lunch most beautifully served under the trees the entire party was taken by steamboat and launch down the river about nine miles to historic Starved Rock, stopping on the way to visit beautiful Horseshoe Canyon. At Starved Rock (which certainly on this occasion belied its name) the party scattered, some climbing the rock, from whence a magnificent view well repaid their toil, others viewing the canyons and various points of interest. Dinner was served at the hotel at 6 p. m., and the entire party then returned by trolley to Ottawa and thence by the train home.

Dr. Pettit, the president of The Illinois Medical Society, ably assisted by Dr. Butterfield, associated with him in the Tent Colony Enterprise, proved an ideal host, and for those fortunate enough to avail themselves of his hospitality it was a day long to be remembered.

Incidentally, too, the visitors learned a great deal about the outdoor treatment of incipient tuberculosis, as exemplified by the pioneers in the movement in Illinois, Drs. Pettit and Butterfield.

FRANK L. ROSE.

Chicago, Ill.

THEY ALL KNOW ABOUT THE ALKALOIDS

While in Chicago I met doctors from Maine to Oregon and from Illinois to Texas; in fact from all sections of the country. They all seemed to know about the alkaloidal granules and most of them use them. They did not approve of the action of the *J. A. M. A.* in its tirade against these remedies. I found the men from the West and Middle- and Southwest a keen, active lot of fellows. Also, the Southern men were well-informed. I do not intend to infer that those from other parts were not also keen, bright men, but I rather "took" to the others. To satisfy my desire to find out how the country doctor feels about country practice I inquired of nearly all whether they were satisfied. I believe they are all honest with me and to a man they said they were perfectly satisfied and would not practise in New York if they could.

C. F. ABBOTT.

Brooklyn, N. Y.

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[The country doctor is unquestionably in the great majority of cases either an active principle therapeutist or alkaloidally disposed. There are hundreds of good men who do not use the alkaloids largely who intend do so, but owing to the daily rush they hate to take the plunge into a "new therapy." It is up to us, of course, to teach these gentlemen that it is mighty easy to swim in perfectly calm water. There is nothing very terrifying in mastering the few principles of active-principle therapy which, as you know, are to diagnose closely and give the right remedy for the condition present in small repeated doses to effect—remedial or physiological; and as positive results invariably follow such positive methods of treatment the ultimate effect is that the practice comes to the fellow who ventures to swim. The Eastern men are perhaps a little more dignified and inclined to hang to precedent and hearken to the voice of "authority," whereas the men from the West and Southwest follow the trend of the country and move on, regardless of the past.—ED.]

DRUGS AT SEA

I remember an old country doctor in Scotland who told me that he went round his parish armed with five drugs. As I recall it they were calomel, opium, quinine, rhubarb and nux vomica. In the multiplicity of modern pharmacy these would now seem altogether inadequate, yet I question whether old Doctor Mack did not get quite as good results and have quite

as small a death-rate as any of us of the present generation. At the same time, it would not be fair to the public, which puts its trust in us, to neglect to acquire a knowledge of every possible remedy, and we who go down to the sea in ships, and whose parish is the broad ocean, have little chance, when once we leave port, of sending across to the nearest drug store, if we desire some particular remedy in some particular case. Therefore, it is very essential that we make a careful selection of drugs and appliances before sailing. The English Board of Trade has a list of necessary articles for emigrant ships, which are very good so far as they go, but are some-

Dr. L. S. Blackwood, Perth Amboy, N. J.

what behind the times, so the surgeons have to make requisition for the latest pharmacopeial and pharmaceutical preparations.

The shipping companies, to give them their due, are very generous in this respect, so that we have no difficulty in getting what we require. In selecting the extras one must, of course, be guided by one's experience, although sometimes it is wise to order something one has heard or read about in order to give it a trial should the occasion arise.

In my medicine closet may be found practically all the drugs which the average dispensing or prescribing medical man would feel called upon to use. Doubtless my ship carries one hundred different remedial agents in the form of tablets, pills, powders, elixirs, syrups and the like.

In addition to these I have a complete stock of a few of the standard proprietaries, which experience has taught me are quite indispensable in the proper treatment of disease at sea.

I always carry a good supply of the antitoxins and have had occasion to use them many times. My experience with the antistreptococcic serum has been unsatisfactory, but the diphtheria antitoxin is very necessary, and no ship carrying children should be allowed to leave port without a sufficient quantity aboard. I am never without veronal, which I have found almost a specific in those cases so common on board ship of insomnia from excessive drinking before sailing, and which frequently develop into delirium tremens.

Another preparation without which I would never sail and which every ship ought to carry is antiphlogistine, and in this connection I might relate an incident occurring last winter. We were on a voyage to the Mediterranean Sea with some two thousand and odd passengers on board. My assistant was a very good man, but fresh from the Vienna and Buda-Pesth hospitals, and with all the European's prejudice against American preparations. I am a Scotchman myself, by the way. We had *inter alia* several cases of pneumonia, and he seemed quite worried over my method of treatment, which consists essentially in giving 1-6 grain of calomel every hour, and applying antiphlogistine locally. I explained to him that the calomel was to keep the liver gently stimulated, so as to eliminate the toxin and also explained the action of antiphlogistine; but he was dubious, even though the patients all did well. He still hankered after linseed poultices and ipecacuanha. Upon one occasion we had five cases in the hospital of acute lobar pneumonia, so I suggested that he choose one

man, and treat him in his own way, and I would treat the others in my way. *Mirabile dictu!* his man died on the fifth day of illness, whereas my four made good recoveries, three by crisis and one—the ship's carpenter—by lysis.

Every ship-surgeon is always questioned by his shore confrères regarding seasickness. I think in the course of my six years' experience I have nearly exhausted the British and United States Pharmacopeias, and am still of the opinion that the only sure remedy for seasickness is to stay ashore. Recently I have tried a simple powder made by a druggist in Hungary, containing thymol, bismuth and sodium bicarbonate, which is given dissolved in a glass of ice-water, and has given very good results. The effervescing salts are very useful. I would advise anyone going on a sea voyage to take a bottle of effervescent magnesium sulphate with him, as one of the most important points in remaining free from seasickness is to keep the bowels clear. I find glyco-thymoline a good article to have in stock, owing to the number of catarrhal cases on board ship.

It would be too much like a pharmacopeia to describe all the drugs used at sea. I have written these few lines to indicate the more important extra-pharmacopeial preparations which I have found most useful and perhaps at the same time to convey a hint that the modern ship-surgeon does not spend all his time in the smoking room.

DAVID D. F. MACINTYRE.
Surgeon of Cunard Liner Carpathia.

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[Dr. Macintyre says he has tried nearly everything for seasickness. I wonder if he really has tried to full physiological effect a combination of hyoscyamine (or atropine), strychnine and caffeine. A year or two ago an army medical officer reported through the columns of the *J. A. M. A.* the really wonderful results he had obtained in hundreds of cases of soldiers crossing to the Philippines, with atropine and strychnine. Caffeine adds to the efficiency of the combination, and sometimes hyoscine may well replace the hyoscyamine. We hope Dr. MacIntyre will try this method and report results.—ED.]

Dr. and Mrs. J. H. East, Denver, Colo.

SOME PICTURES OF SOME FRIENDS

On this and adjoining pages we give some more pictures of friends. From some of them we have articles in hand, from other we have had articles, and we hope to have more communications from all. This month we shall have to be content merely to look at their faces.

Dr. L. S. Blackwood, of Perth Amboy, N. J., is one of the oldest subscribers. Every reader of CLINICAL MEDICINE knows him and, we imagine, looks forward to his interesting and instructive contributions just as we do.

Dr. and Mrs. East are dear personal friends. They live in Denver. Perhaps some of you will recall the little poem which Mrs. East contributed and which was printed last month. It's remarkable, by the way, how many of the doctors' wives read THE CLINIC.

The homes of two doctors are shown, one in Ohio, the other in Arkansas. They are pleasant-looking homes, fair samples, we believe, of how the brethren live. The alkaloid-men are doing the business everywhere, achieving success, making money.

We want these pictures to keep right on coming. We do not get nearly as many as

Home and Office of Dr. Burt R. Miller, New Riegel, Ohio

we should. We should cultivate the feeling of friendship, of solidarity, of mutual acquaintance, and the pictures somehow help to make us better acquainted. Send them along.

LOBELIA: HEATSTROKE

That I am pleased, and appreciate the interest which you evince in this lobelia propaganda needs no reiteration. I am no lobelia maniac, nor am I struck with exaggerated ego, but I like the idea of being instrumental in saving the sick. Besides, I dislike the habitual getting something for nothing. Much good advice I get from you and other practicians through your journal. I feel therefore obliged to reciprocate somewhat.

One question you ask under the heading "Don't be a Drone" strikes me as a most pressing one, that is, "What shall we do for heatstroke?"

I have treated many cases of heatstroke. The last patient I attended yesterday and he is sitting up today. I don't think it was a mild case either. In each of my cases I gave lobelia hypodermically in one-dram doses, with success, as expected, according to my theory of the indications for lobelia hypodermatically. The indications for this treatment are always present in a case of this kind.

Apply cold in sthenic and heat in asthenic cases. Do not attempt too much medication by the stomach. Of course other well-known methods of treatment are not excluded. Sometime in the future I will, if you desire, give you a detailed description of my experience and theories of the hypodermatic use of specific lobelia. In the meantime just let me state that a disturbed cerebral circulation and enervation are specific indications for the use of lobelia, hypodermatically, in from 1-2- to 1-dram doses.

As nearly as I can judge lobelia used in that way is a restorative, primarily, and secondarily always a cardiac tonic. It can not be classed as either a stimulant or sedative as such, because it is either, providing the cerebral indications are present. I hope that this will do good to somebody.

E. JENTZSCH.

Chicago, Ill.

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[We certainly shall be glad to have Dr. Jentzsch's detailed description of his experience with this interesting remedy. In the article which follows this one some of its uses are described by another writer. Dr. Jentzsch has shown us how little we

know about it and how much there is to learn.—ED.]

LOBELIA INFLATA

I have just read with much interest, in CLINICAL MEDICINE for July, the communication of Dr. E. Jentzsch, of Chicago, regarding lobelia, as well as the editor's remarks. I have been and am now a very extensive user of this drug. First of all, however, let us give credit where credit is due.

Dr. Thomson whose teachings the physiomedics have adopted as the foundation of their school, was the first man to discover this plant, to describe it, and to use it, and that with such success that he was violently persecuted by practicians of medicine. [This reference as to discovery and first description is not to be taken too literally. For a brief history of lobelia the reader is referred to The American Dispensatory.—ED.] Let it be said to their discredit and shame that they caused him to be imprisoned without cause, upon "trumped-up" charges, and from pure anger they caused lobelia to be reported as a violently poisonous drug, comparable with cannabis indica, which latter unscrupulous druggists often substituted for the lobelia and thus far brought reproach upon as harmless a medicine as was ever placed in the hands of a profession for the cure of suffering humanity. Even today, every drug catalog has "poison" marked against lobelia. As to this assertion I wish to say that lobelia is absolutely nontoxic—and I ought to know. I have given large-enough doses of this medicine to have killed a dozen people had I administered such a poison as the books claim lobelia to be.

Lobelia is a pure relaxant in so far as its action upon the tissues is concerned. It does not contain an iota of stimulating power. Some have attributed to it stimulating properties when administered in small doses, but such stimulation is caused by the "reaction" of nature against a relaxant, as reversely we find a relaxant condition following small doses of any pure stimulant such as whisky or strychnine. This is a common manifestation of all natural phenomena. Nature seeks an equilibrium, and if we swing the pendulum over to one side, the reaction is equally as great to the other side. I believe that is an axiom.

"Fairview," Home of Dr. A. G. Clyne, Arkansas

I have never used lobelia in diphtheria, but I have often thought I should if I ever had the chance, because I have seen its action upon toxic conditions produced by other diseases.

I frequently use it in chronic gastritis, nausea, and as a quick emetic. No one who has not tried knows what good he can accomplish with a good old-fashioned Thomsonian emetic. You can talk and praise your lavage all you are capable of, but then

that does not half cover the genuine stomach washout that Thomson devised.

One of the most frequent uses to which I have had occasion to put lobelia is in obstetric practice. There is nothing that will so thoroughly, so quickly and so harmlessly dilate a contracted os uteri as lobelia. Besides this, it develops moisture along the parturient canal, and if the liquor amnii has escaped and you are confronted with a dry birth-canal, you should not discourage yourself or worry your patient but give a nice [big ?] dose of lobelia. I used to use small doses of ipecac for this purpose but find lobelia much preferable.

There are two methods of using lobelia for dilation purposes. One is to apply it locally in the form of an ointment. To prepare the latter, take a suitable excipient such as lanolin and add a tablespoonful of lobelia seed to the half-pint, set it on the back of a stove, or better still, on a water-bath at the temperature of 100° F. or thereabouts, and let it digest for several hours and then strain to remove the seeds, keeping the stock in a closed glass jar. To use it, smear a pledget of cotton with this ointment and place against the os. If symptoms of nausea develop, remove the pledget, but insert another one after a few minutes.

The other way is to give a teaspoonful of specific lobelia in a little sweetened water. [Why not use lobelin?—ED.]

In cases of uterine inertia I usually give one granule of capsicin, one granule of caulophyllin, every ten or fifteen minutes until labor-pains set in vigorously and then I exhibit the lobelia. In this way the lobelia does not relax the labor-pains, but it certainly does relax the circular fibers of the os uteri and vagina.

In giving medicine like the foregoing and where I expect to use lobelia following—unless, indeed, I wish a total relaxation—I always use plenty of stimulation preceding. There is a caution to be observed in this, however. Lobelia is such a relaxant to the tissues that it allows of very rapid absorption of any remedy which is exhibited at the same time or nearly so. If you have used potent drugs, *be careful!*

Poisonous symptoms with strychnine or morphine may supervene very suddenly after the administration of lobelia, for the reasons above stated. Hence I use a stimulant that is nontoxic, viz., capsicin, and plenty of it.

So we must bear in mind that, and for the same reasons, lobelia is entirely out of place in abscess or pus-infections of almost any kind. It will open up the tissues and allow the infection to become systemic, while before nature had it walled off.

Recognizing that pain in general often is caused by the pinching of the nerve-terminals, lobelia is of great service in relieving pain by relaxing the tissues, thus releasing the nerve-fibrils. Thus you can reason out many conditions where lobelia is of decided service.

After penning the foregoing remarks, I have had occasion to use the drug on a most difficult obstetric case, and as it so well illustrates the peculiar properties of lobelia, I am constrained to report it herewith.

Mrs. G. C., age 30; eighth confinement; woman unusually large. Previous parturitions were easy. I myself having been with her two years previous at a perfectly normal and easy birth. She had engaged me for June 15, but nothing came of it till July 9. Labor commenced slow and tedious, and they waited till the very last before sending for me. I responded promptly, arriving after a drive of six miles through the country an hour later, and found a condition that made things interesting from the start.

I found a large, hard tumor low down in the right groin, another one over on the left side,; nothing in sight except an amniotic sack with a little fluid in it; the os uteri quite well dilated; fetal heart-sound very low, just a trifle to right of umbilicus. In fact the heart-sound was almost at the level of the pubes. If that was not a commencing shoulder-presentation I did not know what else it could be. So I promptly asked for help, and we telephoned to a physician fifteen miles distant whom I

knew to be very good, and while waiting for him I began to "get busy."

I commenced to give 5-drop doses of lobelia every ten minutes, and pretty soon things started to relax. I continued until the woman was somewhat nauseated but did not vomit. By this time she was very much relaxed and the pains were growing further and further apart till they appeared only about every fifteen minutes, while before they had been coming on every five minutes and quite strong. Between pains she was sleeping, while I was pulling the breech up into the median line, with my left hand, and pushing the head down with my right, both externally—patient on her right side. The complete relaxation between pains was remarkable—not a whimper from the uterine or abdominal muscles during manipulation.

The second pain brought an engagement of the head, and while holding things in place, I directed her sister to commence giving caulophyllin and capsicin, one granule each, every five minutes. Before long we had a good heavy pain, and just then my consultant came in.

I had the doctor make an examination, and finding the amniotic sack unruptured, it was decided to rupture it, and in three more pains the baby was born, an 11-pound girl. Just as the head passed over the perineum we discovered the cord around her neck and my consultant, in trying to slip the cord over the head, tore it from the navel. I had never seen an accident of this kind, but I hurriedly got a pair of sterile dressing forceps and when the child was born clamped them on to what remained of the cord. It was a tight squeeze to find enough tissue to tie a string on.

After an hour's time I delivered the placenta *a la* Crède (I am never in a hurry to deliver the placenta) and measured the cord. It was exactly 11 inches long. As soon as I had time I examined the baby's head. The posterior fontanelle was solid and the anterior was so nearly so that you could hardly get the tip of your forefinger between the bones. Both mother and child are doing nicely; there was no postpartum hemorrhage. (I had been giving her arnica.)

Postpartum hemorrhage must always be thought of after a liberal use of lobelia, as one can readily see from its intense relaxing qualities. I have often thought since that the cord was more or less responsible for this malpresentation and that undoubtedly she was two or three weeks past her time, the actions of the baby since being quite indicative of this. Such a complication of mean things to handle I have not seen in a long time.

A. E. COLLYER.

Lee, Ill.

RETENTION OF URINE: A BAD CASE

July 2, 1908, I. W. came into my office suffering from two large boils and autointoxication of intestinal origin. I opened the boils and prescribed improved compound cathartic pills (without calomel), one every three hours until the bowels moved freely, following with quinine, 2 grains every three hours.

I heard no more of him until July 6 when I got a rush-call to see him, two and one-half miles in the country. I found him suffering from retention of urine. I had with me two sizes of Nelaton catheters and one silver catheter. There were apparently two strictures, one near the outlet and the other near the neck of the bladder. There was what I call general spasm of the urethral canal. The instrument would seem to be caught as within a vise and could not be moved in either direction without force. I spent two hours in trying to overcome the spasm and introduce a catheter but made a dismal failure.

At the suggestion of the man I brought him to town and secured the assistance of four leading physicians of the town and country, all of whom "fell down" in their efforts to withdraw the man's urine. Local anesthesia (cocaine) was tried; then general anesthesia (chloroform). Every style of catheter, bougie, etc., was tried, and so was inflation with air from syringe, but all to no purpose. Nothing else occurring that could

probably relieve, an aspirator was used, and some six ounces of urine were withdrawn, with partial relief of pain.

I then suggested the use of gelsemium internally for its relaxing effect. Another doctor suggested bromide of potassium for its quieting effect and the following formula was given: specific gelsemium, 2 drams; bromide of potassium, 1-2 ounce, in four ounces of peppermint water. Sig.: A teaspoonful every two hours. This was followed by a hot sitz-bath, and within a few hours the patient passed his urine with some pain but relief of the worst symptoms. He managed to besmear my office with quantities of bloody urine, which brings me to a lesson:

If you wish to remove fresh blood from clothing, dressings or the floor, pour peroxide of hydrogen on before scrubbing and you will be pleased with the result.

I took this patient home on the 7th inst. and left him comparatively easy. He acknowledged having had gonorrhea three years ago and some difficulty in passing his water on several occasions, but I must tell you that on the morning of the 6th before sending for me he took about twenty drops of oil of turpentine. This perhaps cut some figure in the strangury.

But the worst feature of the case is that *five* respectable physicians should all fall down in an effort to introduce a catheter! I should have administered the gelsemium at first but my bottle was empty. It is dependable in genitourinary disorders as a relaxant, the bromide for its quieting influence. The hot water also relieves tension of parts. The inflation by use of syringe was suggested by the youngest physician and was a new procedure to me. Hot-water distension by use of *catheter* was also suggested, but not tried in this case.

"All signs fail in dry weather." And all expedients disappoint us occasionally and we need to go up against these cases in order that some of the bigotry and "starch" may be taken out of us.

I suspect that the man who never failed in introducing a catheter does not do much genitourinary work.

Query: Was this case one for surgery or general medicine? W. P. HOWLE.

Charleston, Mo.

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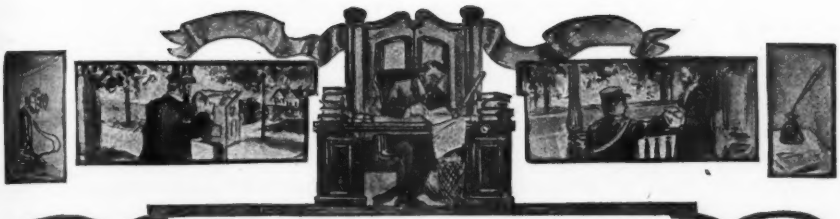
[All tried expedients may fail us at some time, but we should have the reserve knowledge which will enable us to overcome difficulties. In this particular case it is more than probable that the injection of a few drops of a solution of lobelin into the urethra would have permitted the passage of a catheter. Never forget this. Gelsemium is excellent but not as rapid a relaxant as lobelin which we should have given internally and applied locally.

It seems to us that a few minutes' thought would have caused all these physicians to desist from attempts at instrumentation. Continued irritation could only heighten the spasm, and if the man had been placed in a sitz-bath, lobelin given "to effect" (the abdomen being slapped with a cold wet towel suddenly) we think evacuation of the bladder would no doubt have taken place.

Just such a case came to the notice of the writer a few weeks ago, the poor old man having been massacred for three long hours by a hospital interne and general practician, the gentleman withdrawing at two o'clock in the morning, leaving the bladder still distended, the bed, walls and furniture freely spattered with blood. Suprapubic puncture is preferable to such butchery as this and is a very simple operation properly done.

Do not forget, moreover, that the use of a stream of fairly hot decinormal salt solution applied through the Janet irrigator and regular urethral nozzle will frequently overcome these conditions. If a man cannot pass a small catheter or a filiform bougie and a catheter over this he should promptly desist in his efforts to enter the bladder and try the sitz-bath, application of cold to abdomen, relaxants, etc. If these measures will not serve, suprapubic puncture should be done; but pin this in your hat: lobelin will often allow you to enter the bladder in cases of the most desperate character. The writer has proven this many times and has announced the fact in CLINICAL MEDICINE more than once.—ED.]



CLINICAL · MEDICINE
POST-GRADUATE SCHOOL of THERAPEUTICS

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Thomas J. Mays, M. D.
Otto Juettner, M. D.
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William F. Waugh, A. M., M. D.
Alfred S. Burdick, A. B., M. D.

PART I.—LESSON NINE

ELIMINATION (Continued)

DIURETICS (Continued)

In this lecture we shall take up the action of and indications for the various diuretics mentioned in the last lecture. As has already been told you, the urine is a complex fluid, containing, besides water, many salts and other ingredients. We have medicines which will eliminate one or more of these substances, leaving the rest unaffected. We may therefore have diuretics which increase the elimination of water, of urea, of uric acid, etc.

Causes of Retention.—The retention in the blood of materials which should be eliminated by the kidneys may be due to a variety of conditions. The physical state of the kidneys may be altered, and these organs disabled by diseases of distant organs, as of the heart. Or, through insufficient oxidation and combustion of the effete products of disintergration, refuse materials may remain in a form unexcretable by the kidneys; and, lastly, the retention of the urinary ingredients in the blood may be dependent on organic disease of the kidneys themselves. Thus, in one instance, the medicine acting on some organ some distance from the kidneys, e. g. the heart or lungs, will be a diuretic; while in another, those means which promote oxidation in the blood will prove diuretic; and, lastly, diuretics may act immediately on the kidneys by removing or altering those physical conditions which hinder the action of those organs. It is seen, then, that diuretics may produce their results, first, by acting upon the blood, second, by acting upon the circulation, third, by acting upon the tubules.

Diuretics Affecting the Circulation.—In this lecture we shall discuss those drugs which act as diuretics by affecting the circulation, and you can readily see that you can increase the circulation of the kidney in two different ways.

Firstly, you can increase it by raising the pressure in the aorta, as you can do experimentally by putting a ligature upon it or compressing it, or as you can do more easily, without any operation, by giving a drug which will contract the arterioles in the body generally. Thus more blood will be driven into the kidney and the pressure in the glomeruli will be higher. In consequence of this, nearly all the socalled vascular and cardiac tonics which raise the blood-pressure are diuretics up to a certain point, but if you push any one of them too far its contracting action upon the capillaries or ar-

terioles will be manifested not only in the limbs and intestines but in the branches of the renal artery as well. It will cause the renal arteries to contract until too little blood passes to the kidneys to maintain the secretion of urine, and then the secretion of urine will be completely stopped exactly in the same way as if you had put a ligature around the renal artery.

Secondly, you can readily see that diuresis will likewise occur, if, instead of raising the general blood-pressure and driving more blood into the kidneys, you can dilate the renal arteries and induce more blood to flow into the kidneys, while the general blood-pressure remains much the same. We increase the amount of blood going to the kidneys, either by driving more blood in under higher general arterial tension, or by allowing more blood to flow in by dilating the vessels of the kidney; and so we get diuresis from two classes of drugs which have an entirely different action upon the circulation. We get diuresis from socalled cardiac and vascular tonics, which raise the blood pressure and drives the blood into the kidneys; we get increased diuresis from vascular dilators, which lower the blood-pressure generally, but dilate the vessels of the kidney and allow more blood to flow in.

Sometimes we get the best results by increasing the secretion of urine by combining those apparently entirely different classes of drugs. We may combine such drug as digitalis, which contracts the vessels and drives more blood into the kidneys with such a drug as potassium nitrate or spirit of nitrous ether, both of which have the power of dilating vessels and by acting specially upon those of the kidneys, secure for it a larger amount of blood.

The class or cardiac tonics and vascular tonics is a large one. We have belonging to it all those drugs that are generally classed as cardiac tonics, a list of which was given in the table last month.

Action of Nitrates and Nitrites.—Among those which attract blood to the kidney are the nitrites, which all have the power of dilating vessels, nitrite of ethyl, nitrite of methyl, nitrite of amyl, etc.; nitroglycerin has a similar action. The organic nitrite chiefly used is the nitrite of ethyl, in the form of spirit of nitrous ether, and it is one of our most common and valued diuretics.

The nitrates seem to have a similar power as the nitrites. They do not act so powerfully, but they act for a longer time, and so we find the nitrate of potassium, which modern researches have shown to have the double action of affecting the composition of the blood and of dilating the renal vessels, has long been known as one of the very best saline diuretics. We have another class of diuretics which seem to affect the secreting structure of the kidney.

Action of Caffeine.—There is one drug which has a powerful action in two ways, and that is caffeine. We know that caffeine in chemical composition is nearly allied to uric acid and belongs to the same chemical family. Caffeine, like urea, has a powerful diuretic action, and probably tends to act, first of all, as a cardiovascular tonic, and, secondly, upon the composition of the blood and probably also to some extent upon the kidney itself. It is found that caffeine has the power of causing an increased secretion of solids as well as of water from the kidney, and it probably causes it most through its effect upon the blood-vessels and upon the tubules. It does not seem to cause any inflammation of the tubules.

There are some drugs, however, which have an action upon the kidney corresponding to that of drastic cathartics upon the intestine. You will remember that a dose of croton oil given to an animal or a man causes great catharsis, and that if the animal be killed shortly afterward the intestine is found to be very much congested. In small doses it produces diarrhea, in large doses it causes inflammation of the intestine. Such a kidney irritant is cantharis, and turpentine may have a similar action. Overirritation may cause intense kidney congestion and suppression of urine. Poisons elaborated within the intestine also may cause mild kidney congestion, finally resulting in permanent disease of that organ.

Digitalis as a Diuretic.—We will now take up the action of and indications for

digitalis as a diuretic. Digitalis acts directly upon the kidneys as well as indirectly through its influence on the heart, and it is therefore useful in some cases of Bright's disease. When it lessens the symptoms of the cardiac disease its diuretic effects are astonishing. We believe that the diuretic action of digitalis is limited by the dropsy, for when dropsy disappears the remedy no longer causes an increased secretion of urine. This also is the case with some other diuretics.

How does digitalis, in certain heart diseases, cause so great an increase in the quantity of urine?

First, it removes those kidney conditions secondary to the heart disease which diminish the kidney-function, whereby the unburdened organ acts as in health and secretes the natural quantity. But in the cases now referred to we find the urine increased from one-half pint to three, four and even eight pints daily.

Is this excess of urine due to the direct action of digitalis on the kidneys? Were this the true explanation, then this excessive secretion should continue as long as the digitalis is administered, but we find that when the dropsy has disappeared, the kidneys no longer secrete in excess. The copious flow of the urine must be explained by the fact that digitalis, by relieving the heart, checks the conditions that produce dropsy, when the dropsical fluid returns quickly into the circulation and the kidneys eliminate the excessive quantity of water from the blood.

In all probability digitalis is more of an indirect than direct diuretic.

At present the conclusions seems justified that the drug has no consistent dominant influence upon the output either of nitrogenous or inorganic solids through the urine, but merely under proper conditions increases the amount of fluid excreted. H. C. Wood says: "It should be distinctly understood that digitalis has no alterative effect whatever, either upon the nature of the secretion or upon the mucous membrane over which the secretion flows. In other words, when it has any effect it is purely a hydrogog diuretic, simply increasing the watery portion of the urine. That digitalis has direct diuretic properties cannot be doubted. Nor does it seem less certain that it varies greatly in their exercise, so that when given to persons in health it will sometimes produce free diuresis and will at other times fail to do so.

Another point to be constantly borne in mind during its administration is the fact that, like all the other effects of digitalis, diuresis is very slowly induced, and is very persistent when produced by the ordinary cautious method of administration. The diuresis of digitalis is not simply a result of its action on the circulation, since it will sometimes appear before the circulation is sensibly affected. At the same time, it is very evident that in disease the good effect of digitalis upon the renal organs is often in large measure due to its action upon the heart.

Thus, in dropsy from a dilated heart the renal-gland cells cannot secrete because they are not supplied with the proper kind and quantity of blood, their circulation, like that of the remainder of the body, being nearly stagnant. If under these circumstances digitalis be exhibited, and the circulation becomes comparatively free and active, the resultant diuresis is wrought out through a double mechanism, partly indirectly and partly directly produced by the drug.

As a consequence of these facts, clinicians have long since practically determined that digitalis is an especially valuable diuretic in cardiac dropsy. Digitalis is also very useful in renal dropsy, both in the acute and subacute form. Of course, like everything else, it frequently fails in these varieties of Bright's disease, but certainly it should always be tried.

In acute suppression of urine the external application of digitalis is often efficient. Flannels wrung out of the infusion or containing an ounce of tincture may be applied to the abdomen and then covered with oiled silk. Some practicians prefer poultices made directly of the leaves. Lente says that he has been accustomed to use, even in chil-

dren, four ounces of the best English leaves made with a quart of water into a poultice which extends all around the body, from the thorax to the pelvis. The application should not be left on for more than four to eight hours, and only in desperate cases should very large amounts be employed, as the external use of a single ounce of the tincture has caused almost fatal collapse."

Contraindications for Digitalis.—In the early stages of chronic Bright's disease, accompanied by cardiac hypertrophy and high arterial tension, it is doubtful whether digitalis is indicated, either alone or in combination. It must be remembered that in cases of advanced Bright's disease the tension as a rule is high. The heart in these cases may appear to be flagging. If you give digitalis you may stimulate the heart to some extent, and by this action, as well as by still further contracting the vessels, you may raise the blood-pressure even higher than it was before. And what is the result? It is the weakest point that gives way; it is the weakest link in the chain that breaks; and if you have already high tension and degenerated arteries, what happens is that an artery gives way and hemorrhage results.

Digitalis may, therefore, be very harmful, first of all, in cases where you have fatty heart with arteries that are not degenerated, because then the heart may stop from the increased resistence opposed to its action, and, secondly, if you have a strong heart with weak, degenerated arteries, because the powerful heart, driving the blood into the arteries under greater pressure, simply bursts one of the weaker vessels, and hemorrhage in one part of the body or another results, generally in the brain. These are the conditions under which you should administer digitalis with great care, if you give it at all.

Active Principles of Digitalis.—There are certain differences in the action of the different preparations of digitalis. Digitalis does not contain one active principle alone; it contains no less than four at least, perhaps more. These four active principles have been named, respectively, digitalin, digitalein, digitoxin and digitonin. All the first three have an action much alike, namely that described under the crude drug.

Digitonin has a different action altogether. It seems to have an action very much like that of saponin, and to be to a great extent antagonistic to the other three, so that, in place of tending to cause contraction of the vessels, it apparently tends to cause dilation, and it is just possible that the advantage digitalis possesses over the rest of the cardiac tonics is that it has, in combination with the three contracting principles, the digitonin which seems to have an opposite effect.

Now, digitonin is, we think, present in a larger quantity in the infusion of digitalis than in the tincture, and if you take a little infusion of digitalis and shake it up you will find that it froths almost as if you had a solution of soap or of saponin. The infusion of digitalis is often regarded as a more active diuretic than the tincture, and you will find many doctors in cases where they wish to produce an action upon the heart to give the tincture; but where they wish to cause profuse diuresis, they prefer the infusion. It is probable that they are right, and that the greater diuretic power of the infusion is due to the larger proportion of digitonin in it. All infusions of digitalis have not always the same power. It is quite probable that there is a great difference in the infusions according to the character of the plant from which they have been prepared. The active principles, therefore, are usually more reliable than the aqueous or alcoholic preparations of the crude drug.

Diuretic Action of Digitalin.—Digitalin acts as a diuretic principally by modifying the renal circulation. It is in passive renal congestions accompanying organic heart diseases and in blood stases from functional circulatory affections that it finds its field. The general acceleration of the circulation enables the renal veins to discharge their contents. Gubler says renal congestions are found in simple nephrites, those dependent on diatheses, such as gout, uricacidemia, in the decline of fevers, and analogous cases.

In all treatment the object should be to obtain the greatest therapeutic effects with the smallest possible dose, a condition particularly important with a powerful drug like digitalin. Large doses sometimes appear to increase the heart's embarrassment, and relief comes only when the dose is diminished. It is highly important to give a dose no larger than is necessary, since the patient may require to take it for a long period. In a case just like that described, the patient after a time becomes accustomed to the medicine, and the dose that at first relieved, seems partially to lose its effect, and requires augmentation; but this can be done only with the greatest caution, and even then with some hazard, if, in the first instance, the maximum quantity has been given.

The consideration of diuretics, and digitalis in particular, will be continued in our next lecture.

PHYSIOTHERAPY

VIBRATION

Vibration (from the Latin *vibrare*, to tremble) in its finest form is the manner in which all force in nature becomes manifest. Matter proclaims its existence through force-manifestations. The latter are in and of themselves only varieties of vibratory movements. Sound is vibration, light is vibration, nerve-energy is vibration, thought is vibration, life itself is vibration. There is no life without force, no force without vibration. Vibration is the elementary basis of all biology.

Vibration in its coarse form means the act of imparting a more or less intense trembling motion to an object, e. g., the tissues of the human organism. In the application of manual therapy the practice of manual vibration was, up to within a comparatively recent period, considered of much importance. Masseurs cultivated marvelous skill in administering digital or manual vibration. Since the introduction of the mechanical device known as the vibrator the practice of vibration by hand has become almost obsolete.

The Vibrator performs the act of vibration so much more perfectly and conveniently that manual or digital vibration can well be ignored in a discussion of the subject of vibration. The vibrator needs no introduction or recommendation. Vibration has without a doubt become more popular than any of the mechanotherapeutic modes of application. From the exalted plane of the scientific physiotherapist down to the more commercial level of the progressive tonsorial artist, vibration enjoys an undisputed degree of popularity. The genius of the American mechanic and manufacturer has made its employment simple and agreeable. Patients are being vibrated for every ill to which human flesh is heir.

That the universal practice of vibration should involve a great deal of amateurish empiricism is not surprising. Like all fads in medicine, it is "being worked to death." The attempts which have been made by some manufacturing concerns to make vibration a complete system of medical practice, and, under the cover of a great deal of pseudoscientific literature, sell a good many vibrators at exorbitant prices, have injured the cause of vibration as a therapeutic agent. The success of osteopathy, more than any other factor, suggested this systematizing of vibration as a cure-all, the vibrator taking the place of the osteopathic operator's hand.

There are many good vibrators on the market. If the mechanical construction of a vibrator is such as to impart the vibratory impulse to the tissues of the patient and not to the hand of the operator, it is a point in its favor. There is no doubt that the vibrator is a therapeutic agent of great potency. Its use should, therefore, be preceded by an approximately correct conception of its possibilities, physiologically and therapeutically. The modern instrument used for generating and imparting vibration is usually operated by an electric motor.

What Vibration Is.—Considered in conjunction with the instrument which produces it, vibration is in reality but a succession of strokes which follow each other more or less rapidly. These strokes may be long

or short, severe or faint, and determine the depth of the vibratory impulse on the tissues. In response to these strokes every molecule within the sphere of the vibratory impulse trembles, the intensity of the response depending on the relative distance from the source of the vibratory movement. This, then, is vibration. What is its physiological and therapeutic effect when applied to the tissues of the living organism?

As has been stated before, the simplest and most elementary form of a stimulus is contact. Any organic substance which is at all capable of being stimulated will respond to mere contact with any object. Ciliary motion, ameboid movement, etc., are stimulated by mere contact. Stimulation is more powerful if contact becomes more firm. In this case contact would be in the nature of pressure. If pressure is sudden and abrupt, we would call it a stroke or a blow. A succession of strokes would be vibration. Thus we are prepared to look upon vibration as being primarily a stimulus. It is a stimulus, using the latter word in the same sense in which we applied it to massage. It increases, quantitatively and qualitatively, the local circulation. It tones up the arterial coats, and by increasing the arterial circulation and thus improving the nutrition of the part, it stimulates excretion and absorption of waste-products and corrects metabolism. The pulse becomes fuller and slower.

We can readily understand why it is indicated in passive congestion, especially when pain is present (torticollis, chronic rheumatism, lumbago, neuralgia, etc.). It causes disintegration and absorption of low forms of tissue (obesity) and stimulates the heart, if directly applied to the precordial region. It stimulates activity by increasing the tone of muscular structure (constipation). Its local physiological effect corresponds accurately to that of massage. For this reason the term "vibratory massage" is entirely proper and adequate. Vibration and manual massage form a very excellent therapeutic combination.

Varieties of Vibration.—The use of vibration as a species of local massage and the adaptation of the osteopathic idea of reaching the different parts of the body through the central nervous system (spinal cord), has given rise to the division of vibration into two varieties, i. e., peripheral (local) and central vibration.

If the vibrator is applied to an aching part, for instance to the muscles of the neck in a case of torticollis or to the muscles of the back in a case of lumbago or in the rectum for the cure of constipation or to the course of an aching sciatic nerve, vibration would be peripheral or local. It resembles the local application of massage.

Whatever has been said about the local effect of the latter, can be repeated, in a measure, concerning the local action of vibration. There seems to be no doubt that its primary effect is produced on the peripheral nerves, the vasomotors, and that the subsequent local phenomena follow in due physiological sequence. The direction, frequency and intensity of the stroke must not be lost sight of.

It is of some importance at what angle to the surface the vibratory force explodes, what degree of energy is spent, how often the stroke is repeated, how large the diameter of the area is and how much pressure is made by the operator's hand.

Measure of Activity.—On general principles it may be said that the stimulating effect on the deep tissues, e. g., the deep muscles of the back in a case of lumbago, is in direct proportion to the relative intensity or depth of the vibratory stroke and, in conjunction therewith, to the relative diameter of the surface treated. Likewise it can be stated that the greatest action is produced by a downward stroke, i. e., at right angles to the surface. The lateral stroke, i. e., parallel to the surface, stimulates the skin and its component parts.

It is but fair to state that while all these points are of value in a clinical sense, the technic of vibration has by some been burdened with a mass of detail altogether out of proportion to the relative value of vibration as a therapeutic agent. The monomania of the optimistic enthusiast and mercenary instincts of the overanxious manu-

facturer who insists upon making a complete medical system out of a therapeutic method, are equally to blame. The former lacks exact knowledge and the latter conscience. A medical subject without critical knowledge to purify its theory and conscience to sanctify its practice, is indeed a miserable make-believe.

The greatest therapeutic benefits are supposed to be derived from the vibratory stimulation of the spinal nerve-centers whereby peripheral effects are produced in the regions controlled by the vibrated centers. This is the form of vibration previously referred to as "central" vibration.

The therapeutic effect to be produced should suggest the technic of vibration. From previous considerations we know that mere contact is the simplest form of stimulation. If we add pressure to a certain degree the stimulating effect is enhanced. Continued firm pressure finally tires a nerve and a sedative action is the result. If we continue firm pressure beyond the sedative dose, the activity of the nerve is suspended, i. e., inhibition of nerve-function takes place. Since vibration is a form of interrupted pressure, we may reasonably assume that effects analogous to those of continued pressure can be produced.

Effect of Central Vibration.—That rhythmical interruptions are in themselves capable of exciting nerve-action, is plain. Thus we may summarize the effect of central vibrations in the following classification:

1. Mild stimulation (very short strokes);
2. Powerful stimulation (deep strokes);
3. Suspension of nerve-activity from overstimulation (long-continued deep vibration).

Central stimulation is a subject worth investigating. We are still at the threshold. It behooves any and all of us to investigate carefully and help in the elaboration of this new and promising field of physiotherapeutic work. I shall attempt to give the general landmarks of the subject as far as our knowledge of neurophysiology and actual experience in central vibration justify any statements.

Theoretically, the idea of acting upon pathological conditions through the central nervous system or, to be more correct and explicit, through the sympathetic nervous system, is in perfect harmony with the pathological view which looks upon all diseased conditions as being either due to overnutrition (hypertrophy, inflammation, catarrh), undernutrition (atrophy, degeneration), or perverted nutrition (ischemia, toxemia in the widest sense, abnormal cell-formation). At all events, the essence of disease is thought to be some disturbance of local or general nutrition. Since, however, nutrition is practically synonymous with blood-circulation, the idea of controlling (increasing, decreasing, altering) local nutrition resolves itself practically into the idea of controlling (stimulating, depressing, changing) the circulation in an affected region.

This subject will be continued when the function of the sympathetic nervous system will come under consideration.

WATER AS A LAXATIVE

Water alone, when taken on an empty stomach before breakfast, will often relieve cases of constipation of long standing. I advise my patients to take a glass of cold water immediately upon getting out of bed in the morning, and I have yet to have a patient tell me that he did not get relief when this was carried beyond a week or two.

Last summer I spent a few days at Eureka Springs, Ark., a resort that furnishes an abundance of *pure* water, nothing more. At the hotel where I was stopping I observed that water fresh from one of the springs near by was taken to every guest's room at 6:30 o'clock in the morning.

In talking with a number of the guests who had been there at varying periods of time I was informed that they had been cured of some obstinate cases of constipation. Many of them stated to me that the water from a certain spring they named "worked like a dose of epsom salt." I applied to the proprietor of the hotel for an analysis of the water, and was not at all sur-

prised to see that it contained no more cathartic properties than any other pure spring water, and I am quite sure that if these same persons were to use any ordinarily pure water with the same system and regularity at their homes the results would be the same.

By further inquiry I learned that a very large percentage of the visitors to these springs are there for the relief of constipation, I mean those at that particular hotel, and I have no doubt that I should have found the same class of sufferers at other places in the mountain city.

There is no single remedy that will do what water will, both as an external and internal measure. The time has come when doctors must lay aside prejudice concerning the simple socalled home-made remedies or much that is good will fall into the hands of the empiric.

J. S. LINDLEY.

Darlington, Okla.

THE MEDICAL "SIDE-LINES:" A STORY WITH A MORAL

Now, Doctor, I have finished my lesson, and I should like to "swap" yarns with you over the cigars, but shall be compelled to write informally some of my views instead of talking them over.

As you will have observed, I don't take much stock in therapeutic "side-lines." For instance, if I were to be called out tonight and find a child with cyanosed face, protruding, terror-stricken eyes and livid lips, with sweat standing on its face, struggling for breath in a paroxysm of croup, I should never think of applying electricity, massage, Swedish movements, hydrotherapy, physiotherapy, mechanotherapy or Christian science, but would only give a "hypo" of apomorphine while calx iodata was being dissolved in hot water, and then push the calx iodata to effect, adding other remedies as indicated.

The same general principle would apply in a great many other acute cases. Now, as I understand matters, the employment of what I have styled "side-lines" is confined mainly to chronic cases, in which the patients are well enough, or at any rate strong enough, to come to the office and have their "legs pulled." Too many general practicians would rather get on to the specialists' knack of getting people to part with their cash as they go along, or in advance, than to know the precise technic of their therapeutic methods.

Now with regard to Swedish movements, I will tell you a true tale of a case which occurred in Cleveland, Ohio, about twelve years ago. The patient told me the history of the case, and the physician who treated him, Dr. H. F. Biggar (somewhat widely known as John D. Rockefeller's physician) will no doubt recollect the case of subcoracoid dislocation of the shoulder he reduced down on Arlington St. I knew the electrical specialist by repute. He was more noted for his ability to get his pay in advance than for his professional standing. I knew the masseur personally. He was an honest fellow and I am sure he honestly believed he could cure that case, and that he would not spare his muscle, and tried to give his patient his money's worth of massage and "Swedish."

It reminds me of the smart boy who watched an itinerant clock mender clean up the old family clock by boiling the works and oiling them with a feather tip. The boy was so sure that he could do that as well that he was allowed to try his hand on a neighbor's clock. He boiled the works, oiled them, but the clock would not go. He boiled them again and again, but with no success, and was at last forced to give it up. Later the clock was taken to the village watchmaker who discovered that the mainspring was broken.

Mr. A., a middle-aged man, fell on the floor of his room, and was assisted to bed. The next morning he found his shoulder painful and that he was unable to use his arm. He rubbed the "lame shoulder" with arnica, hartshorn, St. Jacob's oil, Kendall's spavin cure, and everything else that his friends could suggest. No improvement resulting from six weeks of this treatment, he called in a "masseur" who was also an ex-

pert in the Swedish movements. Vigorous treatment by both methods was instituted, massage of the muscles of the shoulder and forcible passive movements of the arm to the limit of the patient's endurance. No improvement occurring to encourage the patient to continue to endure he refused to continue long enough to complete the cure.

Mr. A. then heard of a specialist who worked wonders with electricity. With renewed hope he went to the electricity-expert who diagnosed the case as "paralysis" and assured him that he had come to the right shop, as electricity was the "one thing needful" and the only certain cure for paralysis. A course of a dozen treatments at $2.00 per treatment, $20.00 for the lot if paid for in advance, would undoubtedly effect a cure. No improvement being apparent when the first dozen treatments were used up, Mr. A. was assured that although his case was unusually obstinate another dozen treatments would change all that. He invested in another dozen, but when he had absorbed the last of his prepaid electricity, with no benefit, he refused to continue treatment, although assured that a third dozen would certainly drive the paralysis to the tall timber.

Walking slowly homeward, discouraged, hopeless, with no friend at his elbow to advise him to try Father Kneipp's cure of walking barefooted in the wet grass at sunrise, his eye caught the sign of Dr. B. It was the psychologic moment. A bright thought struck him. He would go and see a doctor about his lame shoulder. Dr. B. at once diagnosed the case as a subcoracoid dislocation of four months' standing and sent Mr. A. home to get ready to have the dislocation reduced under an anesthesia the next morning. After the adhesions were broken up and the head of the humerus returned to the glenoid cavity, relief from pain soon followed, and in the course of time the arm regained its normal mobility and its functions were restored.

The successful termination of this case was due to the fact that having no friend at hand to advise him at the time, and his own plans having proved failures, it suddenly dawned upon Mr. A,'s mind that it might be a good idea to consult a surgeon about such a matter as an injured shoulder.

J. W. MUSTARD.

Toledo, Ohio.

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[*Hæc fabula docet*—that electricity, massage and the other "side-lines" should be used only by men who know *when* to use them as well as *how*. Valuable expedients in properly selected cases, they are of no more worth as "cure-alls" in the hands of the ignorant than Warner's "safe cure" or "peruna."—ED.]

A CASE OF UREMIC POISONING: HYDROTHERAPY

I wish to report a case that occurred in my practice lately that rather conflicts with some of your hydrotherapeutic theories——but here is the case without comment.

Clifford, aged 12, Wednesday, May 28, came home from school at noon and ate a very hearty dinner and was feeling exceptionally good. In the evening he did not want any supper and vomited a little. He slept fairly well during the night, but in the morning he became very talkative. At noon a physician was called who could make nothing but a toxemia out of the case. The temperature was 104°F. under the tongue.

At 5 p. m. the temperature was 103°F. but delirium more pronounced. Cold applications had been ordered by the physician, but the physician's orders had not been obeyed. Calomel was given at noon, followed by a saline which resulted in a copious stool at about 6 p. m. At 11 p. m., the patient being delirious and unable to make any rational statements, there being light convulsions and other strong evidences of acute nephritis or uremic poisoning. The temperature being 106°F. in the rectum, we wrapped the boy in a cold wet-pack and applied an ice-bag to the head, the pack being changed as often as it got warm.

This treatment, with saline flushings of the bowels, was kept up for three days, with a gradual reduction of the fever. The treat-

ment from this time on, until all albumin disappeared from the urine, was pilocarpine hypodermically, gr. 1-12 three or four times daily according to the condition of the skin; saline cathartics by the mouth and saline rectal flushings, with a diuretic mixture composed of potassium acetate and saw palmetto. The patient was kept on a milk diet until all albumin had disappeared from the urine and there was not allowed any other form of diet that was not in a liquid state. The patient at this writing is convalescent and there is no reason why he will not make a perfect recovery if he uses ordinary care in his diet and habits.

T. H. LINE.

Marquette, Nebr.

[Yes, we probably should have recommended hot applications instead of cold, it being assumed that we had a temporarily crippled condition of the skin to deal with. In spite of the high fever, and the importance of reducing it quickly, the great necessity was to stimulate elimination and get the poisons out as soon as possible. Dr. Line very properly used saline cathartics and enemas for the bowels and pilocarpine to cause sweating. Heat externally would have aided the latter process, while cold interfered with it, while increasing any tendency to renal congestion. But aside from this the treatment was excellent—and *we* are not always right.—ED.]

HYDROTHERAPY IN CONGESTION OF THE LUNGS

I will give a method of hydrotherapy for treating congestion of the lungs for your criticism if you think it is not good.

First, use moist heat, applied with flannels wrung out of hot water and placed over the diseased area. This brings the blood to the surface. Replace with another as soon as the first begins to cool, say as cool as blood heat, which will be three to five minutes, and replace this second with a third or a fourth, depending on the case and the power of the system to react. Now we have the blood well determined to the surface.

Change the application to a cold one by wringing the flannel from cold water, the degree of cold to be governed by the vitality of the patient. Leave this on till it is as warm as the body temperature. This drives the blood inward, and then we get a reaction, applying another cold if reaction is good, and then back to the hot as at first.

These applications must be kept up faithfully and should be by a nurse, for if not applied right they were better not used at all.

This I got from an old professor of hydrotherapy who claimed to be writing a book on the subject, but which he never completed.

I. W. IRWIN.

Auburn, Neb.

¡We submit this for criticism. What say the "class?"—ED.]

COMMENTS ON THE LESSON

We take this opportunity to beg the pardon of every student who did not receive his grades promptly last month. An unusual burden of work is the excuse. We shall have to ask you to bear with us. By this time we trust the grades on the July lesson have reached everyone, but do not "slack up" a particle in sending in your papers.

Judging by the splendid papers which we are receiving, the course seems to be growing in interest. Let us keep this interest right up to the "fever point."

Uses of Saline Purgatives.—As to when these remedies should be used Dr. T. R. Weed, Cheshire, Ohio, says: "I came near saying, always, as a routine practice. I meet few cases where I do not use effervescent magnesium sulphate. I use it in acute febrile attacks, after the calomel and podophyllin purge to clean out the bowel and clean up the mucous membrane. Saline purgatives are also useful when the dejecta are scanty and dry and to remove accumulated feces and irritating matter, except when they have produced inflammation. They are useful to remove dropsical effusions, and magnesium sulphate combined

with sulphuric acid is antidotal in chronic lead poisoning. Contraindications are chlorosis, Bright's disease or any exhausting or depressing disease."

How to Give Saline Cathartics.—Dr. J. W. Mustard, Toledo, Ohio, says: "Salines should be given in solution on an empty stomach. I have not found dilute solutions less effective than concentrated ones; in fact, I prefer to give salines well diluted. I have found the practice of giving calomel followed by effervescent magnesium sulphate so satisfactory that I rarely follow any other method. The duration and severity of our autumnal fevers is, in general, in close inverse ratio to the earliness and thoroughness of the initial clearing out."

We should be glad to have an expression of opinion as to the relative effectiveness of concentrated and dilute solutions; on this point theory and practice (and our students) do not always agree. Practically all agree that when a decided effect is desired the saline cathartic should be preceded by a hepatic stimulant, and that the saline is best administered on an empty stomach. To increase palatability Dr. Wm. V. Secker suggests adding orange or lemon juice to the saline solution. An excellent hint.

Diuretics: How they Act and When Useful.—Diuretics act by (1) increasing the general blood pressure; (2) by causing local dilation of the renal arteries; (3) by directly stimulating the renal secreting structure; (4) by simple mechanical force. Diuretics are employed, as says Dr. Wm. V. Secker, of Evanston, Illinois: (1) To remove excessive accumulation of fluid in the tissues and serous cavities of the body where blood-pressure is low; (2) to remove water from the blood when the arterial pressure is abnormally high; (3) to remove from the blood injurious waste-products and poisonous substances; (4) to lessen the acidity of the urine; (5) to increase the acidity of the urine; (6) to prevent the formation of urinary concretions. The choice of diuretics depends on whether we want to act on the heart and general circulation, or on the kidney, or on both."

Physical Effects of Massage.—These are nicely epitomized by Dr. H. K. Hodes, Houston, Texas, who says: "Massage causes a primary depletion followed by a secondary engorgement with blood, which benefits the part by carrying off the old sluggish blood, and waste-products, replacing it with fresh, vivifying blood. The tissues and nerve-cells are stimulated and the whole part stirred into activity. When performed by the hand, thermic, electric and animal-magnetic conditions play an important role."

Sleep Produced by Mechanotherapy.—Says Dr. Wm. C. Post, Maquoketa, Iowa: "When massage is applied vigorously to the abdomen, the increased abdominal pressure and dilation of the deeper abdominal arterial vessels necessarily causes a lessening of the circulation in the extremities and head, by drawing blood from these parts to fill the dilated vessels of the part subjected to massage. The cerebral anemia thus induced invites sleep."

Massage for Constipation.—Dr. James A. DeMoss, Thayer, Kansas, writes: "Murrell says: 'Kneading is the best method, care being taken to make the requisite manipulation in the direction of the ascending, transverse and descending colons. It should be associated with different varieties of percussion—the flat, open hand, the hand partly closed so as to form an air cushion, the margin of the hands being employed according to circumstances. Vibratory movements are resorted to in obstinate cases. Mechanical vibration is especially serviceable.'

"Auerbach says: 'Disorders of the digestive apparatus, and especially constipation, constitute one of the most marked indications for the employment of massage. When there are no complications, but the symptoms are due to disordered secretions, one can always effect a cure in one or two months; or at the bedside, in three or four. Massage answers admirably for women who suffer from this condition, especially when the abdominal walls have a lax condition, resulting from frequent pregnancies. It is of the greatest service, too, in constipation

associated with obesity and in that form of constipation which results from taking too little exercise.'"

Neurons.—We can not do better than quote from the paper of Dr. James A. DeMoss Thayer, Kansas, who may be called the "official" poet of the School. He has contributed some splendid things, note especially his "Five Points."

THE NEURONS

Innumerable links in a system vast
Of bright and shining chains,
Whose form and shape were molded and cast
By God with infinite pains.

Here thought wings her flight from link to link,
As the lightning through the cloud;
And consciousness begins to think,
And utter its thoughts aloud.

A link is a *cell* of wondrous shape,
A *body* of marvellous strength,
Where energies stored, again may partake,
In the drama of life at length.

A *dendrite* issuing from each pole,
With its fingers multiple,
Gathers the news at his neighbor's toll,
And as quick its messages tell.

With an *axone* passing from the cell,
Whose *collaterals* ramify,
And an *arborization terminal*,
Conveys impulses by.

And this bright link in life's firm chain,
Is a *Neuron* wonderful;
Here pleasure romps, here writhes our pain—
'Tis our cup of blessings full.

Divinity alone could build
A temple all so rare;
No architect, however skilled,
Could hang such lights with care.
Amazing wonder stands in awe,
In the presence of life within;
And thought is stunned by the light and law,
Of its Builder and Sovereign.

Our *Neurons* form this life's great seat,
Or they govern the life so well,
Possessing powers so ample and meet,
'Tis worthy then it should dwell.

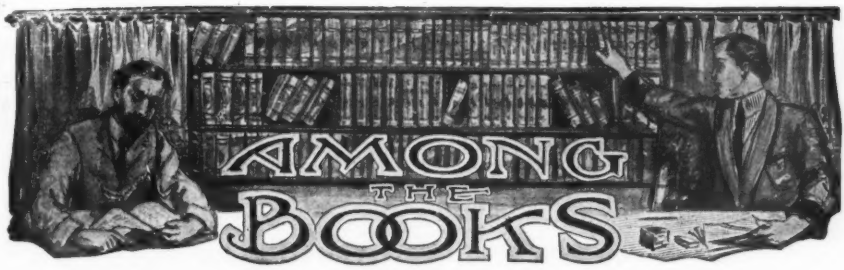
Experience with Diuretic Drugs.—We did not get as large a number of comments upon this lesson as we expected. We shall, therefore, hold it open for another month. Dr. T. R. Weed, Cheshire, Ohio, says: "I use apocynin when the heart is weak, pulse is soft and there is atony with dropsical effusion; 1-12 to 1-6 grain every two hours has given me good results, restoring vascular tension and reducing the dropsy. In acute conditions I get excellent results from small doses of calomel, podophyllin and soda, followed by a saline laxative and accompanied by the dosimetric trinity. In cardiac dropsy I get results only from digitalin, and combine it with scillitin, or in case of failure, with sparteine, cactus or convallamarin; strychnine is added in nearly all cases. In mild conditions benzoate of sodium has met my requirements nicely for a local urinary stimulant; it is sometimes supplemented with caffeine in urgent cases. Barosmin more than fills the place of buchu, and arbutin I like, especially in the treatment of children; it is tasteless, soothing and efficient."

EXAMINATION QUESTIONS

1. How do diuretics influence (*a*) the circulation, (*b*) renal action?
2. How and when may diuretics work injury?
3. How many active principles of digitalis are known? Which one is opposed to the principal action of the plant? What is Germanic digitalin?
4. In what manner does digitalin act as a diuretic?
5. When is digitalin contraindicated?
6. Why should, ordinarily, the dose of digitalin be limited to the minimum?
7. Write a prescription, in troy weights, for 8 ounces of Trousseau's diuretic wine.
8. What is paracentesis? Its etymology?
9. What is the fundamental fact of vibration as a therapeutic agent?
10. In what cases is vibration indicated?
11. What is meant by central vibration?
12. Describe application of the different modes of vibration.

RESEARCH QUESTIONS

1. Tell about the chemistry of medicinal organic nitrites. What is the difference between nitrites and nitrates. State the objections to the use of spirit of nitrous ether.
2. Who is Liebreich?
3. (*a*) What is meant by blood-pressure and arterial tension? (*b*) What determines its fluctuation?
4. Describe the condition and causes leading up to what is designated as degenerated arteries.
5. What is saponin? Found in which drugs? What its action?
6. Who is the originator of modern osteopathy? What is the fundamental theory of that school?



SOUTHERLAND'S "DISEASE IN CHILDREN"

The Treatment of Disease in Children. By G. A. Southerland, M. D., F. R. C. P. Second Impression. London: Henry Frowde. New York: Oxford University Press.

This is one of the excellent handy manuals issued by the Oxford University Press. The author intends this work for the young practician, but the older ones will profit by it not less. There is always benefit to be derived from the presentation of a familiar subject from a new source. Every country has its peculiarities in its learned men, and often is the British physician instructive to the American, as in this instance.

GOULD'S BORDERLAND STUDIES"

Borderland Studies. Vol. II. Miscellaneous Addresses and Essays pertaining to Medicine and the Medical Profession, and their Relations to General Science and Thought. By George M. Gould, M. D. P. Blakiston's Son & Co. Philadelphia. Price $1.50.

Dr. Gould is always interesting, whether you agree with him or disagree with him, and in the latter case he is more interesting still, for he brings out his ideas and opinions so manysidedly that you can see the better why you disagree with him. He is the most instructive opponent an honest thinker can wish to have. And when you agree with Dr. Gould it's just a feast! Here are the suggestive titles of this volume: A System of Personal Biologic Examinations, etc. The Life-study of Patients, etc.; The Seven Deadly Sins of Civilization; Disease and Sin; King Arthur's Medicine; Some Intellectual Weeds of American Growth; Concerning Crank, Megalomaniac, Morphinomaniac, Dotard, Criminal and Insane Physicians; Some Ethical Questions; History and Psychology in Words; Style; Child Fetishes; The Story and Lessons of an Unknown Hero's Life; Vocation and Avocation. The last essay will be remembered as having appeared in CLINICAL MEDICINE, January, 1908. We earnestly advise our readers to buy and read this volume.

KERR'S "THE BABY"

The Baby: Its Care and Development. For the Use of Mothers. By Le Grand Kerr, M. D., of the Brooklyn Post-Graduate School. Illustrated. Price $1.00.

The book is for all mothers, young, younger, or older. All of them will find in this book many an answer and direction in matters that concern the welfare of both infant and mother. If a mother of an infant would make it a religious duty to read through this book once a week for some weeks it would accomplish an untold amount of good.

MARSHALL'S "MANUAL OF PRESCRIBING"

A Manual of Prescribing for Students and Practitioners of Medicine. By C. R. Marshall, M. D., Professor of Materia Medica and Therapeutics in the University of St. Andrews. P. Blakiston's Son & Co., Publishers. Philadelphia. Price $2.00.

This book, though small in size, contains an immense fund of useful information, much of it the result of the author's personal experience in practice and in his own laboratory. It is not a "materia medica" but a guide to the *method* of using drugs to the best advantage. Particularly good are the chapters on "Incompatibility" (which every doctor should read) and "The Forms of Medicine." We recommend this book to the students in our postgraduate course.

SEUFERT AND STUART'S "VADE-MECUM OF TREATMENT"

Vade-Mecum of Treatment. A Practical Guide and Index of Treatment for the Use of Medical Students and Practitioners. By Edward C. Seufert, M. D., Professor of Medicine and Clinical Medicine, Chicago College of Medicine and Surgery; Professor of Histology, Pathology and Bacteriology Illinois Medical College, and John Stuart, B. A. (Oxon), M. A. (Glasg.), M. D., Professor of Hygiene and Preventive Medicine, Chicago College of Medicine and Surgery. W. T. Keener & Co., Publishers. Chicago. Price $2.50.

An excellent little manual, arranged in alphabetical order under the names of diseases, giving in the most succinct language a large fund of information concerning treatment, including a large number of prescriptions. An admirable "pocket companion"—just the thing for ready reference.

BROWN'S "SCIENTIFIC NUTRITION SIMPLIFIED"

Scientific Nutrition Simplified. A scientific statement and explanation for everybody of the discoveries of Chittenden, Fletcher and others. By Goodwin Brown, A. M. Frederick A. Stokes Company, Publishers, New York. Price 75 cents; by mail postpaid, 83 cents.

This is a lucid and simple account of "Fletcherism," the really revolutionary idea discovered by a layman, Horace Fletcher, that the amount of food necessary for health and strength can be largely diminished by thorough mastication, "until it is sucked down the throat by an involuntary swallowing effort." Prof. Chittenden of Yale was so interested in Fletcher's work that he gave it careful scientific study, and the result was his great book on the "Nutrition of Man." This little book gives the gist of the work of these two men and puts it into shape so that it can be read with pleasure by anyone, and then put into practice. We advise every doctor to read it.

LOCKWOOD'S "LECTURES ON SURGERY"

Clinical Lectures and Addresses on Surgery. By C. B. Lockwood, Surgeon to St. Bartholomew Hospital. London: Henry Frowde. New York: Oxford University Press. Price $1.50.

A most instructive book, speaking colloquially and instructively on the following subjects: Study of clinical surgery; clinical reasoning; course of intra-abdominal inflammation; recognition and management of intestinal obstruction; essentials of diagnosis; secondary infection of the lymphatic glands in malignant disease of the tongue; carcinoma of the breast and its spread into the lymphatics; varicose veins; swelling above, below, and within the neck of the scrotum; exploratory laparotomy, especially in malignant disease; fecal leaks and fistula; immediate microscopic diagnosis of tumors during operations; clinical pathology in relation to diagnosis and treatment; salivary calculi. All this *multum* is in the *parvum* of 307 duodecimo pages.

MEMMINGER'S "URINARY DIAGNOSIS"

Diagnosis by the Urine, or the Practical Examination of Urine with Special Reference to Diagnosis. By Allard Memminger, M. D., of the Medical College of the State of South Carolina. Third edition. Enlarged and revised with 27 illustrations. P. Blakiston's Son & Co. Philadelphia. Price $1.00.

A very useful and up-to-date manual most handy for a physician's laboratory work.

PLEASE NOTE

While the editors make replies to these queries as they are able, they are very far from wishing to monopolise the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES

QUERY 5345.—"Magnesium Sulphate for Local Anesthesia." W. T. E., South Carolina, writes: "Please give the technic of employment of magnesium sulphate as a local anesthetic, telling about poisoning due to it where sodium solutions were used as an antidote.

Dr. Burgess, a country doctor in Tennessee, some years ago announced that he had obtained very remarkable results from the use of solutions of magnesium sulphate with phenol, applied to the skin as a lotion. For details we refer those interested in the matter to his book. More recently Meltzer, of the Rockefeller Institution in New York City, announced certain experiments which he had made upon animals, by injecting solutions of magnesium sulphate into the spinal canal. He found that in this way anesthesia was induced, beginning at the feet and extending upward, according to the dose which was employed. If the dose was large enough the anesthesia extended to the respiratory tract, and death was the result. But even when a dose which would have thus proved toxic had been injected, it was found possible to save the life of the animal by removing the magnesium solution from the spinal canal and injecting a solution of some sodium salt. The experiments went to show that magnesium sulphate was a paralyzing agent, and that the sodium salt antidoted it.

A number of cases of tetanus have been treated by intraspinal injections of magnesium sulphate, following Meltzer's suggestion, and some success has been claimed; although the last report we saw cast some doubt upon the utility of the treatment. The method has been employed to secure anesthesia in a number of operations on the lower part of the body and, we believe, in some obstetric cases.

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QUERY 5346.—"Enuresis Nocturna." J. W. T., of Wisconsin, asks: "Have you anything 'up your sleeve' for frequent urination, especially at night. Patient aged 46, female, general condition quite poor; tuberculous and kyphoscoliotic; now suffering from iridocyclitis (chronic) in one eye; she has to get up eight to ten times to make water. Everything has been tried without avail."

The best treatment here would probably be: Atropine, gr. 1-500; strychnine, gr. 1-67; ergotin, gr. 1-6; and specific tincture of thuja. Give 3 to 5 minims with a teaspoonful or two of water in small repeated dose to effect. It is not possible to say "such and such a dose will prove efficacious." You will just have to begin on a small quantity and increase until you control conditions. We should also feel inclined to put this woman on a course of iodoform, gr. 1-6, calcium lactophosphate, gr. 1-6, nuclein, gtts. 5, with neuro-lecithin, gr. ½. Relieve constipation with a saline laxative and aloin, atropine and cascara, and meet the other conditions as they may arise. Do not forget that deep injections of strychnine prove eminently efficacious in some cases of this nature.

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QUERY 5347.—"Calculus in Wharton's Duct." R. W. H., Canada, asks advice con-

cerning a case in which he is at a loss how to proceed. Young lady, age twenty, general health excellent; about a year ago a painful swelling developed on the left side of her neck, in the maxillary region. On her way to see a physician this swelling "burst" internally near the tongue and two stones were expelled. Some pus also escaped. In a few days she felt well.

Lately some soreness is again being felt in the same region, but there is no objective swelling either externally or in the mouth. The probe will detect no particularly tender spot. The case is undoubtedly —or rather was—one of salivary calculus or calculi in Wharton's duct. Inflammation and ulceration followed the escape of calculi. No tenderness of any particular spot is present now, as would be the case if a calculus were present. The doctor is of the opinion that there is a stricture (cicatricial) of the duct and some distension of the submaxillary gland. The patient is unable to consult a suitable surgeon, for financial reasons, so he is forced to take the case. For the present he is giving echinacea and calcium sulphide, an ointment and an antiseptic mouth wash. He hesitates to use the knife in the buccal cavity on account of the numerous vessels and nerves and asks: "Would you consider the operation for removal of the calculus (should one form) very liable to be followed by disastrous results?"

The diagnosis here seems to be absolutely correct. More or less stricture of Wharton's duct unquestionably exists and we should be inclined to give thiosinamin for some time. We would substitute arsenic iodide for calcium sulphide. Give ten-drop doses of dilute hydrochloric acid with each meal and use a good preparation of calendula (you will find calenduline extremely efficacious) as a mouth wash and as an application to the affected mucosa. Any good work upon surgery of the mouth will describe the necessary operation should a calculus have to be removed. Do not operate alone, Doctor, under any circumstances, the risk is entirely too great.

You will find a very extensive and interesting article upon foreign bodies and calculi in the salivary glands and excretory ducts in volume one of "System of Practical Surgery," Bergman-Bull. Should the foreign body or calculus remain impacted in the duct, salivary colics with intermittent salivary tumor may be expected. The excretory duct and gland give evidence of inflammation by a purulent discharge from the reddened orifice, dilation of the duct and painful enlargement of the gland. A chronic condition often develops, interrupted more or less frequently by paroxysms caused by the stasis. Salivary stones are usually found in the submaxillary duct, less often in the gland, still less often in the parotid, or stenonine duct, and most rarely of all in the sublingual or its excretory ducts. Sixty-one percent of all salivary stones belong to Wharton's duct and the submaxillary gland.

Stones occurring in the glands are more voluminous than those found in the ducts; exceptionally large concretions have been voided from Wharton's duct. Abscesses which rupture into the mouth are not uncommon, stone being either passed or salivary fistula formed. Progressive phlegmons frequently develop after perforation; especially is this the case in the floor of the mouth, with calculi in Wharton's duct. A condition of salivary stasis favors the spread of inflammation, and duct and gland may be swollen and adherent to their surroundings and even simulate a malignant tumor. Concretions which lie directly behind the orifice of the duct may be easily removed by dividing the tissues or slitting open the duct. Occasionally a calculus may be pressed out. If the stone, however, is located in the deeper parts of the duct or in the gland itself operation is more difficult, hemorrhage may be very considerable.

The after-treatment, however (should the stone be removed) consists of keeping the mouth clean with antiseptic gargles. Stones in the tissues of the submaxillary cannot be removed *via* the mouth and must be exposed from the external sides. Let us here call your attention to the possibility of an independent inflammation of Wharton's duct (sialodochitis); there is acute retention of saliva itself, a salivary tumor forms on the

gland, swells, skin-covering becomes hot and red, the duct occuded by a plug of pus or clot of fibrin. When the pressure is sufficiently great this is extruded and a quantity of clear saliva is discharged and the tumor will become smaller.

Secondary inflammations of the salivary glands are of more importance than primary as they generally lead to suppuration which is often progressive. Do not forget the use of ice applications and of gauze dipped in myrrh water (or calenduline). Do not be afraid to apply iodine, one or two coats. Should the condition persist or progressive inflammation be noted, prompt surgical procedures will be necessary.

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QUERY 5348.—"Hepatic Abscess." H. S. H., Hawaii, writes: "Kindly instruct me how to treat hepatic abscess with medicines. Do you use calcium sulphide and nuclein in this disease? Owing to tropical climate we have many cases of liver troubles."

Amebic liver abscess is, as you are aware, a very rare disease in this country and there is no effective method of medication for the condition *per se*. As a matter of fact in these cases we have a large collection of pus walled off from normal tissue. It is therefore impossible to influence the abscess itself favorably by any single drug or combination of remedies administered internally. Drainage and prompt and effective irrigation of the cavity would seem to be the only rational procedure. As soon as pus is discovered by aspiration, drainage should follow.

Medicinal treatment alone is worse than useless, and delaying operation after diagnosis is established is unpardonable. A superficial liver abscess requires simply incision, but at some time it must have been central and consumed considerable time approaching the surface. Such a condition, therefore, does not speak well for the diagnostic skill of the medical attendant. The abscess cavity should be irrigated. Chinosol will probably prove the ideal antiseptic.

In all cases nuclein should be pushed from the start, elimination kept up to the standard and as aseptic an intestinal canal as is possible maintained. Echinacea and juglandin should be given freely in all such cases and arsenic sulphide may be exhibited after meals with advantage. One or two correspondents have pointed out the advantage of the arsenates of iron, quinine and strychnine. Alternate these with arsenic sulphide. The sulphocarbolates will prove the best intestinal antiseptic, of course after evacuation of pus iron and nuclein would be essential. Let us suggest that you read Jackson's "Tropical Medicine" or Manson's work on the same subject.

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QUERY 5349.—"The Uses of Milkweed." G. E. J., Wisconsin, is in receipt of a supply of milkweed leaves from a drug firm in Milwaukee. He wanted euphorbia heterodoxia which yields, when broken, a milky juice which produces, when applied to the skin, a severe dermatitis; it is used in epithelioma. The doctor has also seen described a milkweed growing in the southern and western United States called technically euphorbia corollata. Part used, the root; used locally as a vesicant. It is for external use that he wants each of these remedies; the first-named to destroy cancer and other growths on the skin and the second as a vesicant to use in place of cantharides or mustard. He writes: "Please tell me where I can get them (or some substitute for each) that will do the work. Also please tell me how to prepare it for use for the purpose above mentioned. Also tell me whether milkweed leaves could be safely used as a vesicant and how to prepare them."

We fear that you will not find in the milkweed family desirable vesicants. The fresh juice of some of the species is popularly supposed to blister, and in rare cases may do so.

The milkweed family (Asclepiadeceæ) contains nearly 1500 species. Most of the milky juices are more or less poisonous. Asclepias, "pleurisy root," (orange or yellow milkweed) is probably the most familiar representative of the genus in this country. Asclepidin, the active principle, is diaphoretic, diuretic, expectorant, absorbent and resolvent. Asclepias syriaca, the common

"milkweed" or "swallow-wort", is the roadside weed of eastern and central North America. Its milk-juice is used as a remedy for warts and the writer can personally vouch for its efficacy if used freely and frequently from the fresh plant. It does not blister however.

Euphorbia heterodoxia while it is a member of the Euphorbiaceæ, it is not of the true milkweed or Asclepideas; its habitat is Brazil. Alvelos is the fresh juice or juice preserved by the aid of salicylic acid which is employed by Brazilian physicians as an escharotic application to malignant growths. It is applied pure or in the form of a resinous precipitate. For milder action use a three-percent ointment of the resin of euphorbia. We do not think you can obtain alvelos from the drug houses in the United States.

"Hura crepitans," the "sand-box tree," "monkey's dinner bell," of Brazil, is common throughout tropical America. It yields a caustic milky juice which contains two active principles, one oily and volatile and the other crytallizable. Both bark and leaves are employed as decoctions. All these are used externally as counterirritants.

Euphorbium is a gum-resin obtained from euphorbia resinifera, a cactus-like plant of Morocco. The fresh juice and the powdered dry plant are powerful stimulants and irritant cathartics; applied locally to the skin they produce vesication but are never used save as counterirritants in the treatment of sciatica, rheumatism, etc. A few moments' study of the Standard National Dispensatory, or any good work on materia medica, will give you all the information you can possibly desire relative to available vesicants. We fear you will not find any preparation of milkweed or of the Euphorbiacecæ satisfactory.

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QUERY 5350.—"Dysentery or Periodical Diarrhea." J. A. V., Tennessee, desires help in a case described as follows: "Man sixty years old seems in good health except that at times his bowels will 'cut loose' and act from four to twelve times in twenty-four hours. He is in good flesh, eats well, sleeps well, attends to his business. He is a country merchant. This trouble began a little over a year ago. He is somewhat better but still his actions are never formed. His trouble began without any acute condition other than the running of bowels. His eating does not seem to have anything to do with it; the bowels run if he doesn't eat just as often as if he does."

It is quite impossible for us to make a clear diagnosis, or even outline a definite treatment, without a clearer conception of physical conditions. Examine carefully. Better have a specimen of stool examined, also the urine. If you possibly can, examine the rectum with reflected light. In the meantime we suggest that you wash out the bowel with the following solution, using a colon tube: decinormal salt solution, three pints to two quarts; have this boiled then, with patient in the knee-chest position, repass tube and inject through it with a bulb syringe one pint of water (at body-temperature) to which you have added one ounce of bismuth and hydrastis, colorless (Merrill). Repeat every other day. Give this man a tonic (strychnine, quassin, papain and juglandin) before meals, bile salts, pancreatin and sodium sulphocarbolate an hour after eating and midway between meals, zinc sulphocarbolate, one grain; substitute zinc sulphocarbolate and codeine should the conditions not improve. Be careful as to diet and put a flannel band around the abdomen. Do not let him drink ice-water or eat raw fruits.

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QUERY 5351.—"Formula of Danderine Wanted." F. H., New York, as a member of the alkaloidal "family," desires to ask what we can tell about "danderine." His wife has been advised to use it and before doing so he wishes to know whether it is safe and whether it will injure the hair.

We believe "danderine" to be a harmless preparation, but cannot give the ingredients. Perhaps some of CLINICAL MEDICINE'S readers can. If you desire a really effective treatment for dandruff let us suggest that you try the following: Resorcin, three drams; glycerin, four fluid ounces; alcohol, two fluid ounces; rose water, to make eight ounces.

Cleanse the scalp thoroughly with a parasiticidal soap and tepid water each day. Dry and then apply the lotion.

A good tonic should be taken after each meal. If there are scaly patches which resist treatment try this ointment: Precipitated sulphur, 40 grains; salicylic acid, 20 grains; lanolin and petrolatum, of each 1 1-2 ounces. Rub in gently at night.

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QUERY 5352.—"Laceration of Perineum: Fecal Incontinence." R. W. H., Alberta, has a patient, young woman (multipara) general health good, who sustained severe lacerations of cervix and perineum at each confinement. Last confinement sixteen months ago. She now complains of fecal incontinence. Examination shows three tears of os uteri. Well-marked rectocele, also slight cystocele. Perineum shows the cicatrix of a repair of a laceration extending to the rectum. The perineum is a "skin" perineum, i. e., the skin has been united but not the muscles. It is suspected that the levator ani, transversus perinei and sphincter ani muscles are ununited and as a result more or less atrophied. The patient wishes to know if an operation will now enable her to regain control of the feces?

An operation of somewhat extensive character will unquestionably restore this woman's rectum to a normal condition. The cystocele and rectocele require attention first, then the cicatricial tissue must be removed, the muscle-ends brought together and sutured. There will be no further trouble with incontinence of feces if operation is properly done. For technic see any good modern work on surgery.

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QUERY 5353.—"Progressive Loss of Vision." J. W. J., Mexico, wishes the help of the editor and "brethren" in regard to his eyes. He is forty-six years of age, married. Four years ago he had chronic malaria and three years ago had the grippe, complicated with pneumonia and pleurisy. When able to travel he went to New Orleans to the Polyclinic where he was told he had a focus of tuberculosis. He was advised to go to Southwest Texas; he lived in Texas one year, then came to Mexico; has been in Mexico a little over two years. Now has no cough, good appetite and digestion, but since having the grippe, floating bodies in the eyes have been pigmenting until they trouble the doctor very much. He says:

"I can use a microscope no longer and if the process continues it will practically obscure my vision. I had noticed floating bodies, or *muscæ volitantes*, in my eyes since childhood, but they gave me no trouble until the past three years. Can anything be done? I am a long way from specialists and nearly fifty miles to the nearest doctor, other than myself. I smoke a great deal."

Disease of the eye is something we positively refrain from touching, believing that a man should give his entire time and attention to such a delicate organ. With the common and acute affections it is different, but disturbance of vision and intraocular disturbances require the personal attention of a skilled man. *Muscæ volitantes* are often due, as you know, to hepatic congestion, and you may be quite sure that a course of calomel, podophyllin and iridin, gr. 1-6 hourly for four doses every third night, with chionanthin, gr. 1-2 after meals, would prove beneficial. You should not smoke so much, that is certain, and you may with advantage bathe your eyes twice daily with a cold solution of boric acid and zinc sulphocarbolate, ten grains of the former, two grains of the latter, to the ounce of distilled water. A few drops of a good preparation of calendula may be added. Use one of the glass or aluminum eye-cups of the market. At your earliest convenience, however, go to one of the large cities and consult a competent oculist and be guided by him entirely.

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QUERY 5354.—"Ligation of Vas Deferens." W. D., New Jersey, writes: "I was much interested in the little article on vasotomy in the July number. I have a case that fills the requirements for such an operation: a man who is tubercular and who lives in fear of transmitting his disease to any

children that he might beget but who is lacking in the moral stamina to give up sexual relations as a means to securing this end. Can you give me the exact method of performing this operation or can you tell me where I can find the operation described?"

The technic of vasectomy is described in any work upon Surgery of modern character. The following, page 773, sixth edition, White and Martin's "Genito-Urinary Diseases," may be of interest: "The operation possesses the advantages of not requiring ether for its performance, of not exciting the opposition of the patient, and of producing no appreciable deformity. It is easily and quickly done, and does not cause shock. The vas is usually most accessible through the posterior surface of the scrotum. It is isolated from its surrounding veins, and is held in place close beneath the skin, which is stretched tightly over it by the two hands of an assistant, the thumbs and forefingers making firm pressure and holding the vas away from the other structure of the cord. The skin overlying the vas is then infiltrated by Schleich's solution of cocaine and is divided; the fibrous tissue overlying the vas is cut through, the vas itself is isolated and hooked out with a grooved director, is freed for an inch, and a ligature applied above and below, and the portion lying between the ligatures is removed. The wound is closed by a stitch, and the testicle is enveloped in sterile gauze and supported by a cross of the perineum bandage."

As a matter of fact vasectomy in these days is preferred to castration in the majority of cases, especially in diseases of the prostate. Where you have to deal with malignant or tubercular growths of the testicle, removal of the gland is of course imperatively demanded.

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QUERY 5355.—"Caustics and Skin Cancers." L. E. D., Nebraska, read some time ago of a solution of sodium ethylate being used in the treatment of warts, moles, etc. He would like to know if it has been tried in epithelioma and if so, to what degree was it successful?

Sodium ethylate solution should not be used in the treatment of epithelioma. As a matter of fact strong caustics should never be used in the treatment of malignant growths of the skin. Safer is Marsden's paste, which is used by us in the following way:

Take of arsenous acid, one dram; powdered acacia, one dram; cocaine hydrochloride, two grains, mix, add a small quantity of water and rub to a cream; curet the growth thoroughly, and after oozing has ceased, apply the preparation on a piece of rubber plaster, leaving it *in situ* from eighteen to thirty-six hours. It may be necessary to make another application and to use morphine hypodermically to control pain. Upon removing the plaster you will find a black mass surrounded by an inflamed area. Apply hot poultices until this slough comes away and then dress as any clean wound should be dressed. Nuclein powder or bovinine on iodoform gauze will prove efficacious.

The sodium ethylate solution will destroy blood-filled growths promptly. It is not suitable for warts or callosities. Venereal warts may be removed with the curet or a small pair of curved scissors. The writer frequently uses the actual cautery, or the base may be cauterized with nitric or acetic acid. Nitrate of silver is used by some men. Always keep the surface clean and dusted with iodoform, aristol, stearate of zinc, etc. Thuja applied pure, or equal parts of thuja and echinacea, are excellent applications for soft warts. Growths with a broad base will promptly shrivel up if touched daily with iron-alum and sprinkled with a little tannic acid.

Resistant warts may be touched in one or two places with nitric acid once a week. Salicylic acid, five parts, extract of cannabis indica, one part, collodion, sixty parts, may be painted on venereal warts with a camelshair brush each night. Be careful not to touch the surrounding tissues. Chromic acid is highly lauded by some

genitourinary men, but the writer prefers to use some one of the other agents mentioned. Of course the character of the growths and condition of the parts must more or less regulate treatment. Absolute cleanliness is essential in all cases.

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QUERY 5356.—"Fibrous Endometritis or Abortion?" J. M. H., Canada, describes a case, in which he needs assistance, as follows: "A woman, aged thirty-two, has been married four years, but no children appear. She is anxious to have a family. Was first called to the case about four months ago, when she complained of pain in the pelvis and tenderness over the abdomen, particularly over the umbilicus. She complained of having had cramps in the legs at night, but these have now disappeared; menstruated about every three weeks, amount of discharge normal with some blood but not as much as she was accustomed to pass. On one occasion she did not menstruate for two months and with the following menstruation she passed a mass which she thought to be a miscarriage. Several times since this the same has occurred, always at the menstrual period, which is about every three weeks. There is no discharge between the periods. On examination I found the uterus and appendages normal, bowels regular, urine normal, appetite good. Patient is full-blooded and nervous. I advised the use of an abdominal support which has relieved the soreness and pain between the periods. I have not had a microscopical examination of the discharged mass made but am inclined to think it is a miscarriage. What treatment would you advise?"

We have carefully considered the case you describe and suggest that you make a very careful examination. There may be fibrous endometritis; on the other hand a polypus may have acted as a ball-valve, occluding the cervical canal. Dilation of the cervix (gradual), the use of the copper intrauterine electrode or applications of an oily mixture of thymol iodide on a cotton-wrapped probe are suggested. We should also push hydrastin with helenin, viburnin and gelsemin. At the same time, Doctor, give hot douches and if necessary apply every other night (after douching) a depleting suppository. Ichthyol on tampons might be of service. We wish we could speak a little more positively in this case, but not being familiar with the underlying pathological conditions, are unable to do so. We hardly think there has been an abortion, but examination of detritus would have settled that question.

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QUERY 5357.—"Hypodermatic Cathartics." J. B. C., Michigan, asks: "Is there such a thing as a hypodermic cathartic? If you know of one, will you kindly tell me what it is and how it is used?"

Podophyllotoxin in solution can be used as a hypodermic cathartic and we are now experimenting with this drug. It must be thrown deeply into the muscular tissues and there is more or less irritation in every case. Magnesium sulphate, two grains, will also produce catharsis, but both of these drugs are more or less irritative and dangerous, and as we can produce prompt emptying of the bowel by the exhibition of well-known drugs per os and enemata it seems that the need for a hypodermic cathartic is not very great. If you feel disposed to test podophyllotoxin solution do so and let us hear what results you obtain. Shake and inject at body-temperature (stand the bottle in a container of hot water) and be sure to avoid the neighborhood of blood-vessels. Gentle rubbing after injection will prevent the soreness which otherwise would be considerable. Two or three profuse stools should follow within an hour.

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QUERY 5358.—"Exophthalmos." W. J. R., Missouri, wishes a remedy for exophthalmic goiter, also for enlarged liver that extends to the umbilicus in a woman 52 years old; has had this for one year. Has used almost everything of which he knows; is using nuclein and iodalbin internally. If there is something better he wishes to know of it. He is using thyroid extract for the goiter case. Lady forty-five years old has had swelling for a month.

The treatment of exophthalmic goiter varies somewhat according to condition, stage of the disease, etc. Veratrine should be given in nearly all cases to effect, which is cardiac sedation and reduction of pulse rate and force. Then cactus may be given together with arbutin and alternated with atropine valerianate. In every case eliminate with calomel, podophyllin and the bile salts, one dose every hour for three hours every third night, giving a saline the next morning. Iodized lime may be pushed every two hours, and the arsenates of iron, quinine and strychnine be given after meals. Eserine is of service in some cases; picrotoxin in others. In each case we must medicate the exact conditions presenting in the patient. We hesitate, therefore, to prescribe further without a much clearer idea of pathological conditions.

We cannot very well prescribe for the case of enlarged liver without a much clearer conception of the conditions. Give us all the data you can, Doctor. Is this the first stage of cirrhosis? Has the man cancer? Carefully describe the conditions and give history in this case.

We would be inclined to push the iodized lime here also, or stillingin, iridin and leptandrin in alternation with the iodides. Ammonium chloride is promptly active in some of these cases but, as we have said before, it is ridiculous to try to medicate without a clearer idea of pathological conditions.

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QUERY 5359.—"Eczema. Other Problems." O. W. H., Illinois, has a case of quite general eczema in a patient 88 years old immediately following a herpes zoster, which surrendered ideally to treatment in a few days. He asks: "Is it likely to be in any degree *propter hoc* or is it only *post hoc?* What would be the best local application for the eczema?

2. Is the combination of equal parts of phenol and chloral hydrate recommended for neuralgias likely to be destructive to the skin in any marked degree?

3. Could effervescent saline laxative be combined with the fruit laxative, often referred to in CLINICAL MEDICINE as a permanent mixture?

4. Is there a work on hydrotherapy that is at all concise and sets forth the rationale. I have Kellogg but it is rather "scattering" in its argument.

5. Is the therapeutic lamp or leucodescent lamp safer than the x-ray and local medication in treating epithelioma, etc.?

6. In Waugh's "Treatment of the Sick" one ounce of sodium carbonate is recommended as one day's quantity. It is beyond the dosage generally required. Could it cause any unpleasant symptoms?

A generalized eczema such as you mention may be regarded as "post hoc." You will probably find ichthyol or zinc oxide (or the two alternately) valuable applications. Senile eczema is very difficult to cure. Give iridin and the arsenates freely. Bear in mind the injurious effects of soap in these cases and cleanse with oil. If water is used at all a solution of epsom salts (one ounce to the quart) will prove thoroughly satisfactory.

2. A combination of phenol and chloral hydrate has no destructive action whatever upon the skin.

3. Effervescent magnesium sulphate could hardly be combined with the "fruit laxative" recommended by Candler, but the two can be given in alternation, especially when the saline laxative is administered in the form of saline lemonade.

4. Baruch is an excellent authority on hydrotherapy. His work is published by Wm. Wood & Co. price $4.00. Kellogg is good.

5. The therapeutic (leucodescent) lamp has an entirely different action from the x-ray but it gives most remarkable results in epithelioma and other skin diseases, promptly drying up the lesions, destroying bacteria, spores, etc., and markedly increases nutrition of the parts. I suggest that you send for literature and also study the action of the x-ray. You will find the study of great interest.

6. One ounce of sodium carbonate may be given in twenty-four hours where it is desirable to make a profound impression. In the majority of cases, however, small doses will suffice.

AN IMPORTANT QUESTION.—Every dose of medicine should be preceded with the question, Why?

TUBERCULIN.—The Chicago Department of Health now supplies local physicians with tuberculin, so as to facilitate early diagnosis.

FISH CONDEMNATIONS.—During one week more than 40,000 pounds of spoiled fish were condemned by the Chicago Health Department.

EPILEPSY.—Intestinal antisepsis is sometimes indicated, and salol and zinc phenolsulphonate are the most useful.—Brower, *Lancet-Clinic.*

NEURASTHENIA.—With women persistently gynecologized locally when there was nothing the matter, it is too common.—Hughes, *Medical Herald.*

AN INDIANA LOCATION.—A doctor who is forced to retire on account of ill-health, located in a town of 3000, desires to find a successor. Maybe it will suit you.

CHLORINE has one great advantage over all other germicides in that it is physiological. It is a normal constituent of the blood.—Barnes, *Therapeutic Record.*

SECONDARY ANEMIA.—Biering says that secondary anemias are amenable to treatment only in so far as the primary conditions permit of being treated.—*Medical Herald.*

MILK FAMINE.—Chicago was threatened with a milk famine during the long dry spell of July and August. The supply of milk diminished 30 percent in two weeks.

POISONOUS LEUCOMAINES in the living body are neutralized by the alkaloids. It is economy of time and energy to give the active principle in its isolated form.—Burke, *American Physician.*

EXOPHTHALMIC GOITER.—Quinine is being used extensively in the treatment of exophthalmic goiter, on account of its pronounced vasoconstrictor effect on the head and neck.—*Chicago Clinic.*

TUBERCULOSIS.—Small doses of calomel often improve the appetite and digestion better than digestive ferments. Elimination by all emunctories should be maintained.—Marrs, *Pacific Medical Journal.*

STATE EXAMINATIONS.—As the stringency of various state examinations increases, the lines between the medical schools become less apparent, until today it can well be asked, What is in a name?—*Journal of the Camden County Medical Society.*

EPILEPSY.—Cases that have a well-defined aura are fortunate in that this enables us to introduce some treatment for aborting the attack; and of all agents used for this purpose, amyl nitrite is most generally useful.—Brower, *Lancet-Clinic.*

SYPHILIS.—Lenzmann treats syphilis with forty parts of nucleinic acid and sixty parts of quinine hydrochloride, in twenty parts of olive oil. Of this 10 Cc. is used by intramuscular injection. The cure is said to be very speedy.—*Chicago Clinic.*

TOXINS.—Burgess says that all blood toxins are built upon carbon. Sponging the skin with warm solution of magnesium sulphate gives relief because the salt has a chemical affinity for the carbon and withdraws it from the skin.—*Therapeutic Record.*

PERNICIOUS ANEMIA.—The most suggestive work along this line is the remarkable report of Herter. He demonstrated that pernicious anemia in man is associated with specific putrefactive fermentation in the intestinal canal.—Biering, *Medical Herald.*

RABIES.—This disease has been unusually prevalent in Chicago this summer. Many persons, especially children, have been attacked by mad dogs. The Chicago Health Department provides for free Pasteur treatment for those unable to pay for it.

PNEUMONIA IN CHILDREN.—In respiratory embarrassment, atropine 1-400 grain, or caffeine, 1-8 grain, may be used to tide the patient over the period of depression. Oxygen is sometimes of value.—Christison, *Jour. of Minnesota State Medical Association.*

DISEASES TRANSMITTED BY THE FLY.—*The Dietetic and Hygienic Gazette* enumerates a list of infectious diseases which are transmissible by the common house-fly: Anthrax, cholera, consump-

tion, diphtheria, filariasis, gastrointestinal and also eye affections, plague, typhoid fever, wound infections followed by gangrene, tetanus or lock jaw, and yellow-fever; with possibly smallpox, gonorrhea and syphilis.

AN ERROR IN PRICE.—In the Post-Graduate Department last month we made a mistake with regard to the price of Sajous' "Internal Secretions." This splendid two-volume work is $12, not $10, as we stated. It is a fine work.

ALKALOIDS: FOUR THINGS.—When I give the alkaloids I am sure of four things: one, of absolutely how much drug the patient is getting; two, I will get results; three, I know these results when I get them; four, I know when to stop.—M. G. Price, *Therapeutic Record.*

SELF-LIMITED DISEASE.—It is a dangerous teaching, that idea that there is no use interfering with self-limited disease. We know from sad experience that with thousands of children with whooping-cough the natural termination of the attack is death of the child.—*Chicago Clinic.*

DIARRHEAL DISEASES.—Deaths from this class of diseases reached the enormous total of 408 during August, and during the first eight days in August claimed 200 more. Eighty percent of these deaths were in the poor quarters of the city and the greater portion among Slavic families.

PILOCARPINE.—*Merck's Archives* quotes Pringle in *The Hospital* as having employed pilocarpine nitrate, gr. 1-6 injected into the scalp hypodermically, for anesthesia. In one week there was a growth of downy hair over the scalp. The dose was increased to 1-3 grain with satisfactory results.

POULTRY AND PCISON.—Robert Gray says that the flesh of poultry may be impregnated by administering nux vomica in the food, to a degree that birds of prey eating it will die, while the fowls suffer no prejudice and their meat eaten at the table causes no inconvenience to human beings.—*Medical Summary.*

PHOSPHORUS.—Like the average human we cannot get a correct notion of it unless you read it in its manysidedness, and make due and proper allowances here and there for things that surprise you by their unexpected goodness, as well as disturb you by their unnecessary badness.—Kraft, *Medical Counselor.*

ANESTHETIST'S FEES.—*The St. Louis Medical Review* is making a strong plea for the anesthetist, and urges a division of fees between him and the surgeon in such proportion that in every city a sufficient number of men may be found so trained in the theory and practice of anesthesia as to be of the greatest possible service.

A TEXAS LOCATION.—One of our oldest and best friends in the state of Texas, a man with an enormous practice, traveling over an area 30 miles square, has decided to give up much of his active work and take up city and office practice entirely. He wants us to send him a man, one who uses the alkaloids and dispenses his own remedies—"one who is willing to work hard for good pay." No other need apply, but for the right kind of man there is a splendid opening and plenty of money.

GALLSTONES.—Many patients appear to be finding out that gallstones are amenable to medical treatment. The prescription suggested, by a very curious coincidence, proves to be one now being exploited by a much-favored chemical manufacturer, whose address may be obtained from the editor of the *J. A. M. A.*

CLINICS FOR SALE.—Dr. Wm. M. Holton, New Harmony, Ind., has almost a complete file of THE ALKALOIDAL CLINIC and THE AMERICAN JOURNAL OF CLINICAL MEDICINE which he would like to dispose of to some good alkaloidist who would buy. The doctor is eighty-one years old and practically retired from practice, otherwise would not give them up.

THE MEDICAL ERA.—The August number is again a "Gastrointestinal Edition," this time taking up the discussion of typhoid fever. It is full of splendid papers. It looks familiar to see the names of Curran Pope, J. F. Purviance, F. G. DuBose, Lockburn B. Scott, Charles S. Moody and the other "veterans." Send for a copy—or better, subscribe. It's a St. Louis journal.

THE GRIPPE.—At 1 p. m. began with quinine, 5 grains every hour until forty grains had been taken, with broken doses of calomel. Fever rose to 104° that evening. Expectoration bloody mucus; bowels acted twice. The quinine calmed the nerves. Slept well, temperature next morning 97°, rose to normal, and has been so since. The bloody expectoration continued one day.—Sangers, *Hot Springs Medical Journal.*

FOR MOSQUITO BITES.—One of the "boys" in our office, and his wife, have made what seems a discovery of considerable importance, and that is, that when calcidin is being taken the mosquitoes will not bite a person. Furthermore, a little of the calcidin powder rubbed on the skin seems to be an effective method of preventing mosquito bites. This is given for what it is worth. Try it and see if it works out in your experience, and then let us know.

THE PHOSPHORUS PATIENT is tall, slender, handsome, with dark hair, a pretty eye, white face, with a spot of red on each cheek, the lips full and amorous, chin heavy and sensual. Graceful in manner and deportment and very, very fond of the opposite sex. The patient is hypersensitive, hearing, seeing, smelling, tasting and feeling far better than other people. Like the belladonna patient and very unlike the calcarea patient, with this grand and distinguishing difference, that in belladonna this hypersensitiveness is a disease condition, while in phosphorus it is natural.—Kraft, *Medical Counselor.*